DOCUMENT RESUME

ED 403 984 PS 024 316

TITLE	NICHD Study of Early Child Care. Volume II: 5 Month Manual, 6 Month Manuals, Time Use Manuals.
INSTITUTION	National Inst. of Child Health and Human Development (NIH), Bethesda, MD.
PUB DATE	1 Oct 91
NOTE	676p.; For related manuals, see PS 024 316-319. For preliminary findings of the study, see ED 353 087. Additional results will be reported in journals during the next 2-3 years.
PUB TYPE	Guides - Non-Classroom Use (055) -- Reports - Descriptive (141)
EDRS PRICE	MF04/PC28 Plus Postage.
DESCRIPTORS	Child Development; Data Collection; *Day Care; Day Care Centers; *Day Care Effects; Early Childhood Education; Family Environment; *Home Visits; *Infants; Interviews; Laboratory Experiments; Longitudinal Studies; Parent Child Relationship; Parents; Questionnaires; Recruitment; *Research Design; *Research Methodology; Telephone Surveys; Videotape Recordings
IDENTIFIERS	*NICHD Study of Early Child Care

ABSTRACT

The National Institute of Child Health and Human Development (NICHD) Study of Early Child Care is an ongoing, prospective, 3-year longitudinal study of over 1,300 full-term healthy infants and families from 10 sites across the United States. While the sample is not nationally representative, the subjects come from major regions of the country: the East Coast, the West Coast, the Mid-West, the North, and the South. They come from urban and from rural settings, and include minorities as well as single-parent and two-parent families. The study examines the concurrent, long-term, and cumulative influences of variations in early child care experiences on the cognitive, linguistic, social, emotional, and physical development of infants and toddlers. The study design takes into account the complex interactions among characteristics of the family and home, of the child care environments, and of the child. Subject recruitment started in January 1991, and data collection was scheduled to end at the beginning of 1995. Data collection involved periodic telephone calls to families beginning at 3 months and home visits, child care center visits, or laboratory assessments at 1, 6, 15, 24, and 36 months. This document is volume 2 of a 5-volume operations manual that explains, in 29 chapters, the procedures used in conducting the NICHD study. Volume 2 consists of chapters 8 through 12. Chapter 8 provides instructions for conducting the follow-up telephone interview at 5 months. Subsequent chapters address the six-month visits and assessments. Chapter 9 includes: (1) general instructions for conducting the 6-month home visit; (2) information on standardized interviews and questionnaires; (3) instructions on conducting an inventory of the home environment; and (4) procedures for videotaping mother-infant interactions. Chapter 10 discusses the procedure for visiting subject children's child care centers and provides instructions on conducting an infant-toddler version of a home environment inventory. The procedure for conducting a visit with the father is outlined in chapter 11. Chapter 12 contains instructions for conducting and coding an interview intended to assess the mother's daily activities. (BC)

ED 403 984

NICHD Study of Early Child Care

VOLUME II

5 Month Manual
6 Month Manuals
Time Use Manuals

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Chapter 8

ADMINISTRATION MANUAL FOR THE FIVE-MONTH PHONE INTERVIEW

I. PURPOSE OF THE MANUAL

This manual provides specific information about the questions included in the five-month phone interview. In addition, this manual serves as the archival description of the way in which these phone interview data were collected. Many of these procedures are identical to those implemented for the follow-up phone contacts.

II. OVERVIEW OF THE INTERVIEW

The 5-month telephone contact serves several purposes. First, it is used to obtain current child care information. Second, it is used to determine whether, for children in child care, any of their arrangements fit the criteria for "primary child care arrangements" that we will observe at 6-months. Third, it is used to obtain information on changes in child care arrangements since the 3-month follow-up phone call. Fourth, it is used to schedule the 6-month home visit (remember that there is a 2-week window prior to BABY's 6-month birthday for the home visit, so we are really calling about 2-3 weeks before the earliest date the 6-month home visit can be scheduled).

There are several possible outcomes to this interview:

1. BABY is not currently in any form of child care ("no" to Question 14); the mother is currently not working or going to school ("no" to Question 16); and she does not expect to be using regular care, working, or going to school in the next month ("no" to Questions 15 and 17), or to change arrangements within the next month ("no" to Question 44).

In this case, you will schedule the 6-month home visit and there will be no child care visit at 6-months.

2. BABY is in some regular child care ("yes" to Question 14 or "yes" to Question 16 and you learn that mother takes care of BABY at home, or takes child to work, or does actually have some other form of regular care), but it does not fit our criteria as a Primary Child Care Arrangement for a 6-month child care visit. If the mother does not expect to change child care within the next month ("no" to Question 45), you will schedule the 6-month home visit and there will be no child care visit at 6-months.

If the mother does expect to change child care within the next month, see 4, below.

3. BABY is in some regular child care ("yes" to Question 14 or "yes" to Question 16 and you learn that mother takes care of BABY at home, or takes child to work, or does actually have some other form of regular care), and it does fit our criteria as a Primary Child Care Arrangement for a 6-month child care visit.

In this case, you will need to follow the script in Part 5 to determine the primary child care arrangement and set in motion the process of contacting the caregiver for a 6-month child care visit. This can go one of two ways:

(a) Either the mother gives you permission to contact the provider directly, or

(b) She wants to contact the provider first, in which case you will need to recontact the mother to find out about the outcome of her contact prior to making a direct caregiver contact.

You will also schedule the 6-month home visit.

4. BABY is not currently in any form of child care ("no" to Question 14); the mother is currently not working or going to school ("no" to Question 16); BUT the mother does expect to be using regular care, working, or going to school in the next month ("yes" to Questions 15 and 17), OR she expects to change her child care arrangements within the next month ("yes" to Question 45).

In these cases, you need to schedule a call-back to the mother approximately 3 weeks after this call, and redo the entire interview. This repeat interview will then serve as the data from which to determine whether to conduct a 6-month child care visit. DO NOT SEND THE MARK-SENSE FORMS FROM THE FIRST 5-MONTH CALL TO THE DATA CENTER. Send ONLY the second interview to the Data Center.

In these cases, you will obtain the information about what the mother plans to be using for child care (see Question 46) and should have this information handy when you make the . call-back (see Form 5A, page 6).

However, you will schedule the 6-month home visit after the first interview.

III. INSTRUCTIONS FOR CALLING

It is important for sites to make as many attempts as necessary in order to reach the mother. If the family has a phone but the mother has not been contacted in the first three days of regular attempts, efforts should be increased to include evening and weekend calls. If the mother is not contacted by the end of the first week of attempts, begin to use the procedures outlined under What to do if you cannot reach the family by phone.

The baby's mother must be contacted and interviewed in all cases. The only exceptions to this rule are situations where the mother is out of phone range for some unusual reason (serving in the military, for example) and will not return until after the data collection window is closed. In this case, conduct the interview with the baby's father if possible, or, if there is no father involved, with the baby's primary caregiver. Indicate on the interview face sheet the relationship of the person who has been interviewed (0 = mother, 1 = father, 3 = grandmother, 4 =

other adult relative, 5 = unrelated adult, 6 = sibling, 7 = other). If the mother is out of town but able to be called, she should be contacted wherever she is. Similarly, if the mother is out of contact for a short period of time (as in the hospital), arrange to call her back when she has returned home if this will be within the window for data collection.

If the mother is no longer living in the same household with the baby, determine who has primary custody of the baby and who the baby's primary caregiver is. The legal guardian of the baby should then be contacted and informed about the study. If he or she is interested in continuing to participate, a home visit will need to be made to obtain informed consent. At this time, the information on the update can also be obtained. Code relationship as above.

A. When to make the calls

Families should be contacted within a 3-week window, from 1 week before the baby's 5-month birthday to 2 weeks after that birthday. Begin making calls at the beginning of the data collection window (i.e., one week before the baby's birthday) in order to complete as many contacts as possible within one week (plus or minus) of the baby's birthday. The extra week is allotted for unusual situations where mothers are especially difficult to contact.

B. What to do if you cannot complete the interview in a single call

Families with young children have to cope with a lot of interruptions. If the interview cannot be completed at one time, arrange a specific time to call back before the end of the following day. Thus, the second call should be within 36 hours of the first call. If this is possible, the second interview can proceed from the point where the first interview left off. If more than 36 hours elapse between calls, begin the interview over at the beginning. Say something like, "*I'm going to begin at the beginning to be sure we haven't forgotten anything,*" and use confirmatory language (e.g.,. You are using regular child care?) for the repeat questions. DO NOT SEND THE MARK-SENSE FORMS FROM THE FIRST 5-MONTH CALL TO THE DATA CENTER. Send ONLY the second interview to the Data Center.

C. How to leave a message

If you reach the family's home but are unable to talk with the mother, leave a specific message, including a time when you will call back. A suggested message to leave with another person follows.

> "*This is YOUR NAME from the NICHD Study of Early Child Care at the University of _________. We visited with MOTHER'S NAME about ___ months ago, and I am calling to see how she and BABY are doing. She can reach me at*

PHONE NUMBER and DAYS/TIMES. I know she's very busy so I'll try to reach her again. Do you know of a good time for me to call? (Record day and time.) Thank you."

D. An alternative message for an answering machine

"This is YOUR NAME from the NICHD Study of Early Child Care at the University of __________ calling for MOTHER'S NAME. We visited with you in MONTH, and I am calling to see how you and BABY are doing. You can reach me at PHONE NUMBER and DAYS/TIMES, and I'll call back DAY/TIME. Thanks."

E. What to do if you cannot reach the family by phone

If the family does not have a phone, their phone is disconnected, their number has been changed to an unlisted one, or after a week of trying at all times of day and evening you have not contacted the family, special efforts must be made to reach the mother. The following steps are recommended:

1. Call work numbers if available. Unless parents have explicitly asked you not to call them at work, call the work numbers for either or both parents to arrange a convenient time to conduct the interview.
2. Make a home visit. When possible, the most effective approach to contacting a hard-to-reach family is for a project staff member who is acquainted with the

mother to stop by the family's home. Often, people will not have moved if their phones are disconnected or changed to an unlisted number. The home visit. should always be carried out by someone who has met the family, and preferably someone who has been to the home before (the one-month home visitor, for example). If the family has no phone, the interview can be carried out in person, or an alternate arrangement can be made for the interviewer to collect the information from the mother.

If no one is at home but it looks as though the mother still lives there, leave a letter or card asking her to contact the project office. Be sure to let her know she can call collect.

3. Call the family's alternate contacts. Alternative phone numbers, which are obtained in the hospital and/or at one month, and which are updated at each contact point, are useful primarily for obtaining new addresses and phone numbers for study families. Leaving messages at the homes of alternative contacts is generally not productive, although it can be tried. Asking alternative contacts to go and get the mother while you wait on the telephone is an imposition, and is not recommended. If the alternative contact can provide a new phone number or

address, follow up on that by calling or making a home visit.

4. Send a letter with the project phone number and a return postcard to the family's last-known address. (Use sample letter included in Appendix A.) This prompt is often enough to encourage mothers to call you, or to send you their new address or phone number. Then you can follow up with a phone call or home visit. Be sure to let the mother know she can call you collect. Mark the envelope Address Correction Requested in order to receive a new address.
5. Call directory information in surrounding areas. The family may have moved nearby and still have a published phone number.
6. Check with the post office. Provide the family's last known address to the post office and ask for the newest address for the family. The post office will charge $1.00 per name to give the most recent forwarding address.

F. What to do if the family is not contacted within the 3-week window

If none of your efforts are successful and the family has not been contacted before the 3 weeks are up, continue to follow whatever leads you have to contact the family. A second call to alternate contacts is acceptable, but there is nothing to be gained by pestering them. Our guarantees of confidentiality prohibit us from contacting neighbors or others whose names have not been provided to us by the family. It is more important to protect the confidentiality of our subjects than to find every family at every contact point.

When all leads are exhausted, give up the effort until BABY's sixth month birthday. Then, start the calling procedures again. If you fail to make contact again, both the 6 month home and child care visits will be missed.

G. What to do if the mother says she no longer wishes to participate in the study

When a mother tells you she wishes to withdraw from participation, ask, "*If you don't mind, can you tell me why you don't want to continue?*" Very politely, and without being insistent or coercive, try to reassure the mother.

If she says she's too busy, having another baby, going back to work, or just feeling overwhelmed, say

"Yes, you must be really busy. Especially with all these new demands on your time and energy. We do our best to make things as easy as possible for you. There are no more than two visits per year, and we like to schedule them at your convenience. We can work around the other demands on your time."

If she says her husband/partner doesn't want her to continue, say

"What does he seem to be concerned about?"

Then listen. Acknowledge the mother's concerns. When she is done and leaves time for you, provide supportive information, and ask

"Would you like me or SITE P.I. to call him and talk with him about our study? We would be more than happy to speak with him."

Arrange a time to call if this would be helpful.

If mother continues to say she wants to withdraw, say,

"I'm sorry you feel you cannot continue. We would very much like BABY to have the opportunity to participate in what we think is a very important study. But I certainly understand your feelings. If you change your mind, please call us. Again, our phone number is ____________."

Fill out the form for recording dropouts and send it to the Data Center.

H. What to do if the mother says the child care provider will not participate in the study

"What does she/he seem to be concerned about?"

Then listen. Acknowledge the provider's concerns. When she is done and leaves time for you, provide supportive information, and say:

"Sometimes it helps a lot for us to talk to the provider and to answer (his/her) questions. Do you mind if we do this?"

IF NO, follow procedures for contacting the provider directly

IF YES, ask *"Can you tell us a little about why you don't want us to call your provider?"*

Try to address the mother's concerns, but don't be so persistent as to jeopardize the mother's continuing participation in the study.

REMEMBER

BEFORE YOU CALL:

1. Complete the FACESHEET (5A, Page 1).
2. Transfer all information about child care arrangements to question 1 on Form 5B, Page 3.
3. Know the mother's and baby's names. If you are participating in the HHS Fathers Study, know the father's name and whether the parents are married (so you can use "husband" or "partner" appropriately).
4. Tear out: (a) Current child care arrangements grid
   (b) Information sheets for child care observer
   You will be filling these in during the interview.
5. Have the decision rules for determining an observable primary child care arrangement posted by the phone and memorized.

IV. RECORDING CALLS

The form labeled Record of Calls (Form 5A, Page 2) is for use at sites to keep track of all attempts to reach a mother. Every time the caller attempts to contact the mother, the date and time should be recorded and the result coded according to the codes listed at the bottom of the sheet. The interviewer's code or initials should also be marked on this sheet so that if more than one caller is trying to reach the mother, each one will know who has already left messages with the family. Any special situations should also be recorded on the reverse of this form. The Record of Calls is retained at the site in the family's confidential folder.

V. FORMAT OF THE PHONE UPDATE INTERVIEW

Every interviewer should become thoroughly familiar with the format, layout, and questions of the interview. Because of the many different situations we expect to encounter during this study, the questions have been written to try to cover a great variety of responses.

The interview consists of 2 sets of forms. 5A includes the forms for recording information: the Face Sheet, Record of Calls, Current Child Care Grid (not shipped in booklet), Information Sheets for the Child Care Observer, and the form to record Expected Child Care at 6 months. 5B includes all scripts and interview items.

Within each section of the interview, there are a number of choice points when the interviewer must skip over particular questions or sets of questions because they are not relevant to a particular situation. It is important that each caller be completely at ease with these choice points so that the interview can proceed smoothly and keep the mother unaware of the many coding decisions and question selection decisions the interviewer is making.

The conventions followed in this interview protocol are:

1. The directions to the interviewer that are not intended to be read to the mother are printed in ALL CAPITAL LETTERS. The questions and comments to be read to mothers are printed in upper and lower case type.
2. The interviewer is expected to continue to the next question unless instructed otherwise by a GO TO or choice point instruction.
3. Questions that must fit more than one situation are worded so that the choices between two wordings are in parentheses. Example: Last time we talked you (were/were not) going to school. The interviewer is expected to choose the correct wording for this particular situation, not read both options. This requires that the interviewer have the questions clearly in mind, understand the different possible

situations to which they refer, and have information about the family available.

4. Questions in which a person's name (or other specific information) is to be used indicate the missing information in capital letters, as, for example: Has BABY had any ear infections? The question should be read as, Has Samuel had any ear infections?

VI. MARKING THE FORMS

The mark-sense forms used for the interview must be filled in carefully. Use a #2 pencil and be sure to blacken the entire space to indicate the mother's response. Whenever there are 2 columns of numbers, as for month and day, for example, mark both columns. If your response requires only one digit, mark 0 in the first column.

Write the date in numerals on the top line, then mark the corresponding digits in the mark-sense columns below.

For example, to record a date of February, 1989:

MONTH		YEAR	
0	2	19 8	9
▬	0	0	0
1	1	1	1
2	▬	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	▬	8
9	9	9	▬

In response to some questions, a mother may give you additional information that is not coded but that you want to record in order to demonstrate that what she wants to tell you is important, and also to help build rapport with the mother. You can write such information on the forms as long as you do not write over the mark-sense spaces. Try to keep your notes to the left side of the page.

VII. INTERVIEW SCRIPT

The interview data forms (5B) contain all of the introductory information you need to explain to the mother what is going to happen next. They should be read the way they are written. At the beginning of the interview, you may also find it helpful to add some informal conversation with the mother to make her comfortable, but do not spend too much time chatting before getting down to work. The mother appreciates your friendliness but will also appreciate not being kept on the phone too long.

Once you begin the questions, they must be read exactly as they are written, with two exceptions: (1) You will have the occasional situation where the information requested is obvious or already known to the interviewer. In these cases, the interviewer may reword the question as a statement, confirming with the mother that the information obtained previously is accurate. (2) The use of the term "arrangement" seems too formal for the type of care being discussed. This is likely to happen with father care or when mothers are child care providers. In these situations feel free to substitute language such as, "How many hours a week does your husband take care of Sam?" For a few questions (e.g. Q39) alternative wordings have been provided.

Mothers have different ways of responding to interview questions. Some are very precise and specific, but others tend to give vague responses or answer in general ways that are not codable. You can encourage mothers to be more specific by enlisting them as partners in the process of data collection. For example, if a mother responds to the question,

> *"How many hours a week do you work?"*

by saying

> *"15 or 20 hours."*

you can say,

> *"I need to record a specific number of hours. Please give me your best estimate of the number of hours you work in a typical week."*

The next time the mother responds with a range of numbers instead of a single answer, follow the same procedure. Usually after two reminders, mothers will understand the requirements of the interview and begin to give you codable responses without prompting.

Finally, this interview requires some flexibility in wording, especially when obtaining the information about current care arrangements and completing the grid (questions 26-37), given the wide range of possible responses. The important thing to keep in mind is that you need to get all of the information requested to complete the grid. You will not always need to ask each question. For example, if you know that the mother is the child care provider, you do not need to ask about the sex of the provider. Use common sense!

VIII. INTERVIEWING TECHNIQUES

Be sure to read all questions exactly as they are worded. If the wording seems awkward to you, practice saying the questions aloud until you feel comfortable with them.

On some occasions, mothers may volunteer information during one part of the interview that you will ask them later. Remember what they have said, but do not flip through the interview pages to record that information. Instead, when you come to the relevant section, confirm the information you have received and ask, "*Is there anything else?*" For example, after asking the mother the first question about use of regular child care, she may volunteer that she takes BABY to a day care center. Then, when you get to Question 26, you can say, "*You mentioned that you take BABY to a day care center. Who takes care of BABY there?*" But don't forget to probe for additional arrangements. Whenever you are confirming information with the mother, use the wording of the question as written to the greatest extent possible. It is essential that you cover the content of every question. Do not assume information without confirming it, even if it seems self-evident.

Because the interview cannot exactly fit every possible situation for all the mothers in the study, there will at times be questions that seem to you inappropriate. In these unusual cases, you can say something like, "*The next question asks...*" Done politely and without belittling the question, this approach lets the mother know you are attuned to her individual situation, but also that you have a job to do and you take it seriously.

Do not interpret or reword questions. If a mother asks for clarification of a question or word, try repeating the question, perhaps with a slight change in intonation. Sometimes mothers may ask the meaning of a question that has a set of multiple choice answers. In this case, you can read her the options so she can select one of the choices.

IX. PREPARING THE MOTHER FOR INITIAL CONTACT WITH PROVIDER

During the phone call with the mother, tell the mother that you wish to visit and observe the child in his/her child care arrangement; tell her in general the purpose of the observation, what you hope to find out, and how you will do it. Usually, you will then ask the mother's permission to contact the care provider (the program director or the direct child care provider) directly about the visit. In some cases, though, it may be the better part of valor for the mother to approach the care provider first. Use your judgement; the important thing is to obtain the consent for the visit -- whatever it takes. If she wants to, the mother can mention the fact that we will be calling the care provider, but not seek her permission to visit. Alternatively, the mother may want to handle setting up and scheduling the visit herself. Or, finally, what may work best is for the mother just to give you the provider's name and for you to take it from there.

If the mother opted to be the person to contact the caregiver, you will schedule a call back (as soon as possible, but no more than 10 days after initial call) and inquire about her contact with the provider.

Successful contact: Thank the mother for her assistance and proceed to provider contact.

Unsuccessful contact: In some cases, the provider will tell the mother that s/he does not want to be contacted by the research team. Try to find out why this has occurred. In some instances (e.g., the mother thinks the provider is wavering), you may deem it appropriate to contact the provider anyway, but be sure to ask the mother's permission to do this. In some instances, both mother and provider will be adamant about refusing the child care visit. If the child does not have a secondary arrangement in which s/he is enrolled for at least 10 hours a week, we have a missing child care observation. If there is an appropriate secondary arrangement, ask the mother if we can repeat the recruitment process for this provider.

TROUBLE SHOOTING: If mother seems reluctant to talk to the provider about the visit (or to have you contact the provider) or to have the child observed in child care, ask her why. If possible, use one of the following suggestions to address specific concerns:

A. The mother feels child has not been in the arrangement long enough. Explain we do not observe a child unless he/she has been in the new arrangement for at least two weeks. Our experience has shown us that for our purposes, this seems to be enough time for both the child and caregivers to adjust to a new situation.

B. The mother feels the observations would be asking too much of the provider. If the mother is concerned because the observer could be intrusive or disruptive, explain that we will describe the study in detail to the provider, and arrange times for the visits that are convenient to the provider. Mention that we tell the provider not to make any special arrangements, and that we will respect the routines and responsibilities of the caregivers during the visits. Emphasize that after we explain the study to the provider, we ask for the provider's separate consent to participate in the study.

C. The mother feels the study would not be of enough interest to the provider. Explain that we will send the provider information about the study before calling, and emphasize that observing the child when he/she is away from the mother is important to our understanding of how a child develops. We will explain to the provider that his/her participation is important and valued. Mention that the provider will be asked for separate consent after the study has been explained by the project staff.

D. The mother feels the caregiver would be reluctant to have an "outsider" judge the quality of the caregiving environment. Explain any observations are confidential and will only be shared with the project staff (except in cases of child abuse). If mother inquires now or at any time if we will report back to her about the caregiving arrangement, tell her "*No, our observations are confidential, just as all the information that you give us is confidential. Of course, overall study conclusions will be shared with you and any interested caregiver.*"

E. The mother suggests that she get the provider's permission before we call. Accept her suggestion, and advise her in doing so to reassure the caregiver of the unobtrusiveness of the researcher, the importance of the study, and so on.

No contact: If the mother has not contacted the provider during the 10 days after the phone call, ask her why. If possible, use one of the following suggestions to address specific concerns:

A. The mother simply forgot to contact the provider. Emphasize that it is very important that she do this in the next day or so, in order for us to have time to contact the provider and schedule the visit. If after 3 contacts by the project staff, the mother still has not contacted the provider, probe as to why, and follow trouble shooting suggestions below (B. and C.).

B. The mother has changed her mind about consenting to the caregiver visits. 1. If the mother seems ambivalent, probe for the reasons for her reluctance. See trouble shooting suggestions for 3 month call to handle concerns. 2. If mother is definite in her refusal and does not want to discuss her decision, we have a missing child care observation. 3. If the mother is willing to discuss her refusal, use the trouble shooting suggestions for the 3 month phone call. If mother remains unswayed by trouble shooting suggestions, we have a missing child care observation.

C. The mother suggests that we make the initial contact ourselves. We agree to do this and follow provider contact procedures.

X. PRIMARY CHILD CARE ARRANGEMENT: DECISION RULES

Each site is provided with 2 copies of the summary of decision rules to determine the primary child care arrangement. Post a copy by each phone from which the 5 month calls will be made.

A. Determination of Child-Care Arrangement With Mother

During the phone interview with the mother, the caller and mother determine (a) if the child is or will be enrolled in some child-care arrangement at the time of the scheduled child-care observation (be sure to indicate that you need the child's 30 arrangement at the time of the scheduled observation -- it is unlikely, but possible, that some families will be switching child care in the interval between your phone call and the scheduled visit) and, if so, (b) the child's primary arrangement at that time.

For the observational component of this study, "child care" is defined as nonmaternal care having the following characteristics:

- -- the care provider may be the father, another relative, a non-relative; or
- -- the setting may be the child's home, another home, or a group setting, such as a child-care center;
- -- the care must be used for 10 or more hours each week (monthly arrangements, e.g., 5 days per month, do not count);
- -- the care must be provided when the child is awake for at least 3 hours on at least 2 days each week;
- -- the care may be required because the mother works or for other reasons;
- -- care at the mother's workplace would be included if someone in addition to the mother looks after the child for at least 10 hours per week (must be a single additional person for at least 10 hours and he/she must have exclusive responsibility for the child during this time);
- -- care in a child-care center would be included even if the mother herself works there and is one of the child's caregivers;

-- we will also include care by the mother if she is providing child care in her home for non-live-in children (who are not the target child's siblings) who are there with the target child at least 20 hours per week.

Some families will rely on more than one child-care arrangement over the course of a day or week. This will require that you and the mother determine the primary care arrangement, using the following hierarchy of criteria:

First, as with the general definition of child care, the child must be enrolled for 10 or more hours each week and awake for at least 3 hours on at least 2 days in the primary arrangement.

Second, when there are multiple arrangements, the primary arrangement is the one where the child spends the most hours -- awake, during the day -- on a weekly basis. For example, if the child spends 6 hours per day in a family day care home, and is then cared for by the grandmother for an additional 2 hours each day, the family day care home is the primary arrangement. There is one exception to this rule: If the child is in two or more arrangements for 10 or more hours each week (and awake for at least 3 hours) AND one of these arrangements if father care, eliminate father care from consideration (even if it is the arrangement with the most hours). In other words, we are giving preference to non-father care in cases of multiple, observable arrangements, regardless of hours of care. Similarly, if the father cares for the child for 8 hours on both Monday and Friday, and the grandmother cares for the child for 8 hours each day on Tuesday through Thursday, the grandmother is the primary arrangement.

Third, if the child spends comparable hours (plus or minus five awake hours per week) in two or more arrangements, select the more "formal" arrangement as the primary arrangement. More "formal" is defined in the following order (most formal first): group program, home-based program, non-relative, relative other than father, father. So, if the child is in center care for 12 hours a week and home daycare for 15, you would observe the center arrangement (less than 5 hours per week difference).

Fourth, if the child spends comparable hours in two or more of the same category of arrangements (e.g.: 2 centers, 2 relatives other than father), select the arrangement in which the child has been enrolled the longest.

Fifth, if the child has separate morning and afternoon arrangements of comparable hours in comparable arrangements (e.g., two group programs, two non-father relatives), select the morning arrangement, unless the child has been enrolled in the afternoon arrangement for at least one month longer.

Sixth, if hours, categories, time of day, and length of enrollment are equal, select the primary arrangement randomly.

Note that we are assuming weekly arrangements. An arrangement that occurs once a week for a month, for example, does not count as "observable" child care for this study. At. some sites, an effort will be made to observe in secondary as well as in primary child-care arrangements. These same criteria will guide the determination of secondary arrangements.

XI. FACE SHEET

The face sheet for the telephone contact (labeled INFORMATION FOR FIVE-MONTH TELEPHONE INTERVIEW) is for use by the project staff at each site to help keep track of the information needed in the interview. This sheet is not to be sent to the Data Center. It should be filed in the family's confidential file.

Before calling, fill in all the indicated information on the face sheet. Use the information collected at the most recent contact to fill in these pages. Also, use this information to fill in question 1 (Form 5B, Page 3 before calling).

During the call, you will get information on changes in addresses, phone numbers, and contact persons. Write this new information on the face sheet.

A second face sheet in mark-sense format (labeled FIVE-MONTH TELEPHONE CONTACT) is inserted as Page 2 of Form 5B. At the completion of the interview, fill in this form completely, with date of interview, interviewer's ID number, child's ID number and relationship code, and child's age in months.

Once the interview is completed, separate the site face sheet (Page 1 of Form 5A) and the record of calls (Page 2 of Form 5A) from the interview itself and file them in the family's confidential folder. Have the interview forms checked by the site coordinator or her designate before they are sent to the Data Center.

XII. CURRENT CHILD CARE ARRANGEMENTS GRID (Form 5A, Page 3)

Before calling, tear this page out and have it in front of you. You will fill it in as you reach question 26-37 in the interview. You will rely on this form to determine whether the child is in a child care arrangement that will be observed at 6 months. This is sent to the Data Center. Be sure to fill in the ID number.

XIII. INFORMATION SHEETS FOR CHILD CARE OBSERVER

The 5-month telephone contact packet includes a set of forms (5A, pages 4-5) that are designed to prepare you for the next steps in the study, whether they involve a call-back, the 6-month home visit, or the scheduling of a child care visit at 6 months. These are not to be sent to the data center. They are to be kept in the family's confidential file.

Before calling, tear out these pages and have them in front of you. Page 4 (labeled INFORMATION SHEET FOR CHILD CARE OBSERVER) is completed for all families. For families who are not using or expecting to use child care at BABY's 6-month birthday, you will fill out the child ID#, phone number, date/time of 5-month call, interviewer, will circle (2) for Primary child care arrangement, and record the date and time of the 6-month home visit(s). For families who have a Primary child care arrangement, you complete all of this information, but circle (1) for Primary child care arrangement, and complete the information about the ARRANGEMENT TO BE OBSERVED: 6 MONTHS.

For families who expect to be starting or changing child care when the BABY is 6-months old, you will circle (3) for Primary child care arrangement, fill in the date and time of the call back, and transfer the information about expected arrangements (Question 46 of the interview) to Page 6, Form 5A, for reference at the call back.

Finally, for those cases in which the mother wants to make the first contact with her Primary child care arrangement, you will need to write the date and time of this call back on Page 4, and give this call a code of (4) on the RECORD OF CALLS, indicating the time and date to call back on this RECORD, as well.

XIV. AFTER THE INTERVIEW

For families who are using child care that fits our criteria for observing, one of two procedures will be followed to schedule the child care visits:

1. PREFERRED: The mother gives your permission to contact the provider directly. In this case, send the mother the letter in Appendix B, which briefly describes the child care visit.

2. The mother first contacts the provider. In this case, you will send the materials in Appendix C to the mother. These are: (a) a letter to the mother which briefly describes the child care visit and tells her what to do with the enclosures, (b) a list of points that the mother should be sure to mention to her provider when she talks to her about participating in the study, (c) a letter to the provider that the mother may or may not choose to mail or give to the provider, and (d) an enclosure for the provider letter which describes the overall study. PUT LETTER TO THE PROVIDER AND THE STUDY DESCRIPTION IN A SEPARATE ENVELOPE AND ENCLOSE IN THE PACKET TO THE MOTHER.

For families who are not using child care that fits our criteria for observing, proceed with the procedures for conducting the 6-month home visit.

XV. ASSIGNING THE CHILD CARE ID NUMBERS

The final identification number consists of 7 digits and is tied to both the research site and the relationship (REL) code. The first digit of each Provider and Director ID is the Site Code. The second digit is the Relationship Code. This code identifies the person being observed or responding to the interview or questionnaire, and refers to the relationship of the respondent to the study child. Specifically REL should be coded as follows:

0 - Mother (in cases where the mother is a child-care provider and also takes care of the target -- her own -- child).

1 - Father (the father is the child-care provider)

2 - Grandparent (the grandparent is the child-care provider)

3 - Other Relative (another relative, including sibling, is the child-care provider)

4 - Primary Child-Care Provider (a provider with supervisory responsibility for the target child's classroom; sometimes called a head or lead teacher. Use this code, as well, for the owners of large family day-care homes, sometimes called group homes, in which more than one caregiver is employed. All of these other providers are assigned a REL code of 5.)

5 - Support Child-Care Provider (a provider who also takes care of the target child but who is not the teacher-in-charge for the target child's classroom, sometimes called an assistant teacher or aide.)

6 - Child-Care Provider (no hierarchical designation; use in instances where all classroom teachers are of equal status, e.g., all "teachers" or all "assistant teachers"; this is also to be used in all instances where there is only one provider, e.g., in a small family day care home or in-home arrangement, given that this provider is not the mother or another relative.

7 - Director (only in centers)

As you can see, if the child-care provider is related to the child, use the codes for actual relatives (0 through 3). If the child-care provider is not related to the child, use codes 4, 5, 6, or 7. If the child has more than one provider who fits a single relationship code (e.g., two assistant teachers), they both get assigned the same REL code. What makes the ID unique is the last four digits, as described below.

The third digit, the Assignment Code, indicates whether the provider is specifically assigned to the Target Child:

1 = The provider is specifically assigned to the target child;

2 = The provider is not specifically assigned to the target child;

3 = Only one provider (use in arrangement, such as father care or family day care home with no other available providers). Don't take the director's word on this information -- ask the provider.

The remaining digits in the Child-Care Provider ID (4 through 7) are the unique code for each provider, starting with 0001 and ending with 9999. Thus, the first assistant teacher who is observed/interviewed at the University of Virginia site who is not specifically assigned to the target child, would be assigned ID 6520001. The second assistant teacher, who is not specifically assigned to the target child, if applicable, would be assigned 6520002.

The director ID will serve as the child care ID number for center-based arrangements and the caregiver ID number will serve as the child care ID number for all other arrangements. In the case of large family day care homes with more than one provider, the ID of the primary child care provider will serve as the child care ID.

XVI. FLOWCHART OF THE INTERVIEW PROCESS

PART 1: INTRO

PART 2: STOPPED CARE?

PART 3: SICK CARE

PART 4: CURRENT CARE

PART 5: IDENTIFY PROVIDER

PART 6: SCHEDULE HOME VISIT

COMPLETE INFO SHEETS FOR OBSERVER

XVII. THE INTERVIEW FORMS

The following sections of this manual provide specific information about the questions included on the phone update interview. Callers should read through this section of the manual each day before they begin making calls to be sure they are thoroughly familiar with all coding rules and with the format of all questions and answers.

Part 1: INTRODUCTION

This section introduces you and the interview to the mother, and obtains any updated information about addresses and phone numbers. And changes must be recorded on the Face Sheet (5A, Page 1).

Part 2: STOPPED CARE?

Question 1

To link this interview to the prior 3-month phone interview, we start by inquiring about changes in child care arrangements since that contact. The interviewer should have filled in any relevant information from the Fact Sheet (Form 5A, page 1), and should be prepared to remind the mother of what she said about child care at the 3-month call.

Note that there are two options for phrasing the question, corresponding to mothers who were and were not using child care at the 3-month call. Although it seems a little awkward, the interviewer must proceed, in both cases, to ask about changes. It is possible, for example, that a mother who did not use child care when the child was 3 months old, started to use care at 4 months that lasted only 1 month. In this case, she would say "yes" to Question 1.

Code "yes" if any arrangement was discontinued, even if it lasted only a very brief while.

Question 2

You will obtain this information by asking open-ended questions: Who was caring for the baby? You will need to probe after the mother gives you one arrangement, to make sure that they are not forgetting to tell you about additional arrangements.

Mothers will answer the questions about child care arrangements with more conventional descriptions (babysitter, nanny, etc.). The responses on the interview form are not intended to be read to parents. Instead, they are for your use in coding the type of arrangement the parents had made for child care. Thus, if the mother says they have found a sitter, you will need to ask if the sitter was a relative, whether he or she came in to their home or they took the baby to the sitter's home, and whether the sitter lived in the baby's home or elsewhere.

Be sure to code all arrangements, even if some of them were informal, such as the baby's father staying home until 9:00 every morning. Although many mothers will not think of this as a child-care "arrangement", it is to us. Use Arr. 1 for the arrangement used for the most hours, Arr. 2 for the next, and Arr. 3 for the third. Do not code more than 3 arrangements.

If the mother begins to tell you about future plans, explain that we will be asking about this at the end of this interview (see Question 45).

It is a good idea, in the case of multiple arrangements to let the mothers describe the situations and code the information while she is talking. Then go back and confirm the information and fill in any gaps before proceeding.

Sometimes it will be difficult to determine whether a particular situation is 1 or 2 arrangements. For example, if BABY had a non-related sitter who came into the child's home 3 days a week and cared only for BABY, and who took BABY along with her to a different child's home for 2 days a week (thus caring for 2 children on these two days in the other child's home), this counts as 2 arrangements, as follows:

Arrangement 1: WHO? = 7) Unrelated adult
WHERE? = 1) In baby's home
LIVE IN? = No

Arrangement 2: WHO? = 7) Unrelated adult
WHERE? = 2) In someone else's home
LIVE IN? = No

This counts as 2 arrangements, because you are not able to give more than one response for #2 WHERE? and, therefore, could not accurately code the relevant information as 1 arrangement. It is also important to code this as 2 arrangements, because you will have 2 different responses for Question 3 (Arrangement 1 = 00; Arrangement 2 = 01).

Similarly, the BABY may have been cared for alone by a . sitter on Monday and Wednesday at the baby's home, but joined by her 3-year-old sister on Tuesday and Thursday. Again, this would count as 2 arrangements, both coded as WHO? = 7, WHERE? = 1, LINE IN? = No, but coded as 00 and 01 for question 3.

Examples of probe questions to ask:

Mother's Response	Query
"My neighbor was caring for BABY."	1) *"Is your neighbor related to you?"*
	2) IF NO, code 6 for Q26.
	3) IF YES, "What relation?"
	4) *"Is BABY cared for at your neighbor's house?"*
	5) IF YES, code 2 for Q27.
	6) IF NO, *"Where is BABY cared for?"*
	7) *"Does your neighbor care for BABY during all the hours you work?"*
	8) IF NO, *"What other child care arrangement do you use?"*

"My church has a nursery that I used."	1) *"Who cares for babies in the nursery?"* 2) *"Is the nursery open during all the hours you work?"* 3) IF NO, What other child care arrangement do you use?
"My husband took time off when I was working."	1) *"Does he care for BABY at home?"* 2) *"Is he able to care for BABY during all the hours you work?"* 3) IF NO, *"What other child care arrangement will you use."*
"I hired a nanny."	1) *"This is someone who comes to your home to care for BABY?"* 2) IF NO, *"Where is BABY cared for?"* 3) *"Is this person related to you?"* 4) IF YES, *"What relation?"* 5) *"Will the nanny live in your home?"*

Questions 3 and 4

Some mothers, particularly those who use group care, will tell you that they don't know how many other children were in the classroom, or how many people supervised her child. Ask her for an estimate. If she says she has no idea at all, leave this question blank.

The purpose of these questions is to find out how many other children were usually present when the child was in the care setting, and how many regular caregivers the child had. In a day care center record the number of children in the child's group or classroom, not the number in the whole center. In both centers and homes, the number may change during the day. Ask the mother for the typical number present during the majority of the time the child was in the setting. For example, if three kindergarten children were cared for by the child's caregiver from 4 p.m. on, but the target child was cared for from 8 to 5, do not count these children as part of the typical group. Base the typical group on the current situation; group sizes will also change seasonally.

In counting caregivers, ask the mother for the number of different people who supervised the children on a regular basis. For example, if the child's group had a head teacher who was present all day, two assistants in the morning and two different assistants in the afternoon, the number of people supervising the children is 5. If a home child-care provider had a teenager or another adult who regularly assisted with the children, and the caregiver's husband was in charge everyday after 4:30, the number of people supervising the children is 3. Don't count music . teachers, etc., who came in 2 times a week.

Question 5

These questions are intended to get at the pattern of child care as well as the total number of hours. Thirty hours divided over 3 days is a different experience for the child than 30 hours divided over 5 days. In cases where the baby's schedule changed from week to week, ask mother for the "most typical" situation in her opinion. If the word "arrangement" is awkward for the situation of the family you are interviewing, reword Question 5 to say, for example, "*How many hours a week was BABY cared for by your mother?*"

In cases where the hours changed in the time this arrangement was used (e.g. gradual shifting from part-time to full-time care), use the most recent hours.

Question 6 and 7

Get the mother's best estimate if she cannot remember.

For responses in days or weeks, round up to months, e.g. 6 weeks = 2 months.

Question 8.

Ask this as an open-ended question. If the mother's response clearly fits one category (e.g. "I really wanted BABY in her own home" = 8), code it as such. If it could fit several categories, read the relevant categories and ask the mother to choose one (e.g., Only someone like Granny could really take good care of BABY. Ask, so would you say "the quality of the care provider" is the most important reason, or that "your preference for a relative to provide care" is the most important reason?). If the mother gives more than one answer that fits more than one category, you'll need to ask her to give you one response. Say, "*What would you say was the* ***most important*** *reason?*" Write in what the mother says if you code her answer as 11) Other.

Question 9.

This question is designed to assess whether this was an anticipated and/or planned change in arrangements, or whether the mother was caught by surprise or affected by events beyond her control and thus HAD to change arrangements. If a family day care provider stops providing care, for example, this would not be a planned change. If, however, the mother decides that she does not like the provider and therefore chooses to leave, this is a planned change. Other examples of unplanned changes include, the child is asked to leave an arrangement (some centers will not tolerate "disruptive children"), the family moves to a distant part of town unexpectedly, or another child joins the child care whom the mother dislikes and therefore changes arrangements. Other examples of planned changes include switching from a grandparent to a center so the child can have more social interaction, changing arrangements because something more convenient or affordable is found, or changing because a friend has a baby and she decides to share care.

Part III: SICK CARE

Ask the questions in this section only if the baby has been in some form of child care in the last 3 months. You can determine this from the Face Sheet (the mother indicated a child care arrangement at the 3-month call).

Questions 10 and 11

When a baby is sick, mothers often have to piece together a patchwork of care. Record one or two emergency arrangements the mother made.

Question 12

Missing work means a significant amount of work. Code Yes if one parent missed a half day or more, or missed an important work obligation, such as an important meeting or appointment.

Question 13

Ask as an open-ended question and code if possible. Read the list of possible problems if the mother does not immediately volunteer a codable response. Only ONE response is allowed.

Part 4: CURRENT CARE

This section obtains information about the family's current reliance or lack of reliance on child care. Families who are using child care will fall into two groups: (1) those for whom at least one arrangement meets the decision criteria for observing the child in care at 6 months, and (2) those for whom none of the arrangements used meet the decision criteria. Recall that we are collecting the child care information on both types of families.

This is also the section where the CURRENT CHILD CARE ARRANGEMENT GRID is completed (see Questions 26-37).

Question 14

The major purpose of this interview is to get information about the family's regular child-care arrangements. Regular means that the mother has some standing arrangement with another person to care for the child at a specified time every week. This may include short periods of babysitting. For example, if the mother has a regular evening or Saturday afternoon when her husband/partner is expected to be responsible for the baby, this is a regular arrangement. Also, if the mother leaves the baby with her mother every Thursday afternoon, or expects an older sibling to be responsible for the baby from 4 to 5 every day,. these count as regular arrangements. If she occasionally hires a sitter to go out in the evening, this is not a regular arrangement. Nor are arrangements that occur on a non-weekly basis. For example, if a mother-in-law comes one week a month to care for the child, we are not considering this to be child care. Be careful not to confuse regular with the criteria for scheduling a child care observation. It is entirely possible for a family to have a regular arrangement that does not fit the criteria for observing, e.g., a sitter that comes two days a week for 4 hours each day, and thus does not meet the 10 hours a week minimum for scheduling an observation.

Question 15

Because we are calling the families at 5 months, but making our child care observations at 6 months, it is possible that a few families will be starting child care between this call and the child's 6-month birthday. This question is designed to flag these families, and is asked only if the family is not currently using child care (NO to question 14). If the mother responds "yes" to this question, skip to question 45 which gets information about her child care plans and then SCHEDULE A CALL-BACK in 3 weeks.

Question 16

Some mothers may not consider themselves to be using *regular* child care and so answer "no" to question 14. But, in fact, they are working or going to school, in which case we want to know what they are doing about child care. If a "yes" answer is given, skip to question 18 (hours of work/school) and then inquire about child care (question 19).

Question 17

This is similar to question 15. Some mothers will resume work between their child's 5- and 6-month birthday, but will still answer "no" to question 15. This question assures that we will get information about how they plan to handle child care if they are returning to work in the next month. The mother does not have to be working for pay. Volunteer work is counted. Again, if the mother responds "yes" to this question, skip to question 46 and then SCHEDULE A CALL-BACK in 3 weeks.

Question 18

This question is asked only of mothers who do not respond "yes" to question 14, but indicate that they are working now or going to school (Question 16). If the hours per week vary from one week to the next, ask the mother how many hours she worked or went to school "last week".

Question 19

This question is asked of mothers who did not say "yes" to having a regular child care arrangement (question 14), but who are now working or going to school ("yes" to question 16). Ask this as an open ended question. The mother may respond with a non-maternal child care arrangement, such as "my husband takes care of the baby". Code this as "3 Other" and complete question 26. Similarly, the mother may say, *"Oh, my mom comes over and watches BABY."* Code this as "3 other" and complete question 26.

But, the mother may indicate that she takes care of the baby while she is working and would have probably said "no" to question 14. If this is the case, two options are possible. The mother may work at home and care for the baby at the same time (code as "1" and GO TO Question 20). This will be the case for mothers who provide family day care in their own home, as well as for mothers who are, for example, private consultants and who work out of their home and decide not to hire anyone else to provide child care. Alternatively, the mother may take the baby to her out-of-home job and either watch the baby full-time or rely on someone at the worksite to watch the baby at least part-time (code as "2" and GO TO Question 23).

Questions 20, 21, and 22

If the mother is taking care of her child while working/studying at home, the three conditions described in questions 20, 21, and 22 MUST BE MET before we will observe this arrangement as a child care arrangement. Specifically, unrelated children (Q20), who live in another household (Q21), must spend at least 20 hours per week with the mother and child in a typical week (Q22) for us to observe this as a child care arrangement. A response of "no" to any of these questions ends the interview and you move to scheduling the 6-month home visit. It is important to note that some children will have siblings who live in a different household and who come to the mother's house during the day. We will NOT observe these arrangements, because we consider mother and siblings to be a primary family unit. However, if the child has a cousin who lives in a different household and comes to the mother's house during the day (20+ hours per week), we DO observe this arrangement. Basically, we consider these mothers to be family day care providers.

Questions 23, 24, and 25

If the mother takes BABY to work with her, we will observe this as child care IF the mother is a child care worker and BABY comes to her center (Q23[1]) OR the mother has another form of employment (Q23[2]) in which she brings BABY to work, but some other adult routinely watches BABY for 10 hours a week while the mother is doing other things ("Yes" to Q25).

If the mother is a child care worker, we find out if BABY is in her classroom (Q24). If she answers "yes", GO TO question 26 and, working with the GRID, ask if anyone else takes care of BABY. There may be more than one child care provider for the infant classroom, for example, in which case you would code 0) mother and 7) unrelated adult (assuming the provider is unrelated) for 26. If she answers "no", GO TO question 26 and ask as worded: who takes care of BABY? Obviously, in both of these cases, you can code 27 as 3 and 28 as F but 29 will vary depending upon whether only the mother, only another provider, or both provide care.

If the mother brings BABY to work and another adult watches BABY for 10+ hours per week (even if it is the father), GO TO question 26 to find out who this other adult is and whether s/he lives in the baby's home or not. You can fill out 27 as "4". If the mother brings BABY to work and the criterion for observation is not met (no other adult watches the baby for 10+ hours per week), then the interview is completed and you need to schedule the 6-month home visit.

USE OF THE GRID (Questions 26-37)

The interviewer will have the grid in front of him/her. All responses to questions 26-37 are recorded on the grid. This will greatly facilitate the process of determining whether the child is in an arrangement that meets the criteria for observing at 6 months and, in the care of multiple arrangements, which one to observe. For families with one observable arrangement, the interviewer should also complete the GRID section of the INFORMATION SHEET FOR OBSERVER, Page 2.

Question 26 and 27: Coding Child Care Arrangements

You will obtain this information by asking open-ended questions: Who is caring for the baby? You will need to probe after the mother gives you one arrangement, to make sure that they are not forgetting to tell you about additional arrangements.

Mothers will answer the questions about child care arrangements with more conventional descriptions (babysitter, nanny, etc.). The responses on the interview form are not intended to be read to parents. Instead, they are for your use in coding the type of arrangement the parents have made for child care. Thus, if the mother says they have found a sitter, you will need to ask if the sitter is a relative, whether he or she will be coming in to their home or they will be taking the baby to the sitter's home, and whether the sitter lives in the baby's home or elsewhere.

Be sure to code all arrangements, even if some of them are informal, such as the baby's father staying home until 9:00 every morning. Although many mothers will not think of this as a child-care "arrangement", it is to us. Use Arr. 1 for the arrangement used for the most hours, Arr. 2 for the next, and Arr. 3 for the third. Do not code more than 3 arrangements.

If the mother begins to tell you about future plans, explain that we will be asking about this at the end of this interview (see Question 45).

It is a good idea, in the case of multiple arrangements to let the mothers describe the situations and code the information while she is talking. Then go back and confirm the information and fill in any gaps before proceeding.

Sometimes it will be difficult to determine whether a particular situation is 1 or 2 arrangements. For example, if BABY has a non-related sitter who comes into the child's home 3 days a week and cares only for BABY, and who takes BABY along with her to a different child's home for 2 days a week (thus caring for 2 children on these two days in the other child's home), this counts as 2 arrangements, as follows:

Arrangement 1: WHO? = 7) Unrelated adult
WHERE? = 1) In baby's home
LIVE IN? = No

Arrangement 2: WHO? = 7) Unrelated adult
WHERE? = 2) In someone else's home
LIVE IN? = No

This counts as 2 arrangements, because you are not able to give more than one response for #28 WHERE? and, therefore, could not accurately code the relevant information as 1 arrangement. It is also important to code this as 2 arrangements, because you will have 2 different responses for Question 30 (Arrangement 1 = 00; Arrangement 2 = 01).

Similarly, the BABY may be cared for alone by a sitter on Monday and Wednesday at the baby's home, but be joined by her 3-year-old sister on Tuesday and Thursday. Again, this would count as 2 arrangements, both coded as WHO? = 7, WHERE? = 1, LINE IN? = No, but coded as 00 and 01 for question 30.

It is also possible that some mothers who use their husbands/partners for child care will say "no" to question 14, "yes" to question 16, and will indicate for question 19 that the husband/partner helps her with child care while she works (thus, question 19 gets coded as (3) and you skip to question 26). GO BACK TO Question 14 and score YES. You may then restate question 26 as a statement: BABY's father/your partner will care for BABY. Where will they be? Does he live in BABY's home?

Examples of probe questions to ask:

Mother's Response	Query
"My neighbor is caring for BABY."	1) *"Is your neighbor related to you?"*
	2) *IF NO, code 6 for Q26.*
	3) *IF YES, "What relation?"*
	4) *"Is BABY cared for at your neighbor's house?"*
	5) IF YES, code 2 for Q27.

	6) IF NO, *"Where is BABY cared for?"* 7) *"Does your neighbor care for BABY during all the hours you work?"* 8) IF NO, *"What other child care arrangement do you use?"*
"My church has a nursery that I use."	1) *"Who cares for babies in the nursery?"* 2) *"Is the nursery open during all the hours you work?"* 3) IF NO, What other child care arrangement do you use?
"My husband is taking time off when I'm working."	1) *"Does he care for BABY at home?"* 2) *"Is he able to care for BABY during all the hours you work?"* 3) IF NO, *"What other child care arrangement will you use."*
"I've hired a nanny."	1) *"This is someone who comes to your home to care for BABY?"* 2) IF NO, *"Where is BABY cared for?"* 3) *"Is this person related to you?"* 4) IF YES, *"What relation?"* 5) *"Will the nanny live in your home?"*

Questions 28 and 29

For families using child care that is not observed, question 28 is the only source of data about gender of the caregiver. Obviously, you will use confirmatory language if you know the father or grandmother provide child care. Question 29 enables us to distinguish nannies from out-of-home provider.

Questions 30 and 31

Some mothers, particularly those who use group care, will tell you that they don't know how many other children are in the classroom, or how many people supervise her child. Ask her for an estimate. If she says she has no idea at all, leave this question blank.

The purpose of these questions is to find out how many other children are usually present when the child is in the care setting, and how many regular caregivers the child has. In a day care center record the number of children in the child's group or classroom, not the number in the whole center. In both centers and homes, the number may change during the day. Ask the mother for the typical number present during the majority of the time the child is in the setting. For example, if three kindergarten children are cared for by the child's caregiver from 4 p.m. on, but the target child is cared for from 8 to 5, do not count these children as part of the typical group. Base the typical group on the current situation; group sizes will also change seasonally.

In counting caregivers, ask the mother for the number of different people who supervise the children on a regular basis. For example, if the child's group has a head teacher who is present all day, two assistants in the morning and two different assistants in the afternoon, the number of people supervising the children is 5. If a home child-care provider has a teenager or another adult who regularly assists with the children, and the caregiver's husband is in charge everyday after 4:30, the number of people supervising the children is 3. Don't count music teachers, etc., who come in 2 times a week.

Remember that we will actually observe staff-child ratios over the course of the child care visit at 6 months. The responses to these questions will not serve as estimates of staff-child ratios.

Questions 32, 33, 34, and 35

These questions are intended to get at the pattern of child care as well as the total number of hours. Thirty hours divided over 3 days is a different experience for the child than 30 hours divided over 5 days. In cases where the baby's schedule changes from week to week, ask mother for the "most typical" situation in her opinion. We will obtain more detailed information about schedules when we do child-care visits. If the word "arrangement" is awkward for the situation of the family you are interviewing, reword Question 32 to say, for example, "*How many hours a week (is BABY/will BABY) be cared for by your mother?*"

Question 33 is important for the determination of whether to observe BABY in child care. If the mother says "it varies a lot", you can ask specifically if BABY is awake 2 days a week for 3 hours a day. This will make the observations feasible. If you get an indication that you cannot count on this amount of awake time, then mark "no", and it is not an arrangement that we will observe.

For question 34, you can mark more than on response. For example, if BABY is in a day care center from 7 am to 6 pm every day that this center is used, then code 1 and 2 for this arrangement. If, however, BABY goes to the center in the morning on some days and in the afternoons on others, then code as 5. Thus, "times vary" means that, for a single arrangement, the hours that BABY spends in this arrangement are not consistent from one day to the next over the course of a week.

For question 35, count a portion of a day as a day.

Question 36

Get the mother's best estimate if she cannot remember.

For responses in days or weeks, round up to months, e.g. 6 weeks = 2 months.

Question 37

Ask this as an open-ended question. If the mother's response clearly fits one category (e.g. "I really wanted BABY in her own home" = 8), code it as such. If it could fit several categories, read the relevant categories and ask the mother to choose one (e.g., Only someone like Granny could really take good care of BABY. Ask, so would you say "the quality of the care provider" is the most important reason, or that "your preference for a relative to provide care" is the most important reason?). If the mother gives more than one answer that fits more than one category, you'll need to ask her to give you one response. Say, *"What would you say was the most important reason?"* Write in what the mother says if you code her answer as 11) Other.

Skip questions 38-41 if mother is an in-home child care provider.

Question 38

If the mother pays a daily or monthly rate, record what she tells you and later calculate a weekly rate. Do not take up interview time to make these calculations. If the mother has one or more arrangements that you think may be free (father or grandmother, for example), you can phrase the question more as a confirmation: *"And our next question is how much you pay for this care."* Mothers will typically let you know if there is no cost. If they are not paying, record 0-0. If the mother is using multiple arrangements over the course of a week, but gives you a weekly rate, ask her to give you the amount she pays each week for each arrangement. What we really want here is the cost of care for just the target child. If this family is paying for other children in child care try to get the mother to separate out the amount she pays for the target child only. If she is unable to do this, question 39 will take care of it. If not paying for care, fill in "no financial help (10)" for Question 41.

Question 39

If mothers are not paying for care, rephrase Question 39 to: "Does this care include other children or yours?".

Question 40

Be sure to count children other than BABY.

Question 41

If you know the parent is receiving free or very low cost care (from Question 38) you can confirm that situation. Response [7] indicates that a relative or friend is providing money to pay for child care, response [8] indicates that a relative or friend (including father or grandmother) is providing free or low-cost care. Also, use response [8] for a family who has worked out a cooperative child-care sharing arrangement with another family and so are not paying for care. Response [3] includes mothers who are child care providers in centers that offer free or reduced-fee care to their staff.

If parents reply that they receive no financial help, ask, "Do you plan to claim a tax credit for child care expenses?" If the mother says yes, record the response as [9].

Questions 42 and 43

These questions are designed to measure the mother's satisfaction with her current child care arrangement -- not the generic type of arrangement, but the specific provider(s) that she is now using. Read the responses and ask the mother to choose ONE. For question 43, if she says that she would not recommend to her friend that she use her provider because she does not want to share care, explain that you want to know how satisfied she is with her current arrangement, and this is one way of asking this -- you don't mean to imply that she would have to share care.

Question 44

Write down whatever the mothers says.

Questions 45 and 46

_____These questions will tell you if you need to schedule a call-back because the child will be in a different child care. arrangement when she/he is 6 months old. For question 46, see Question 26, 27, and 29, with the addition of a "don't know" code.

XVIII. DEBRIEFING

Follow the script as written, being sure to give the mother a chance to ask any questions she may have. It is a good idea to make a note of any questions and what your response is, and to check with your site coordinator and/or P.I. to be sure all staff members are following the same procedures. If you are at all unsure about the answer to a question, do not try to answer it. Instead, tell the mother you will find out and call her back. Talk to the site coordinator and/or P.I. and arrange for someone to call the mother back within that same day if possible.

Conclude the interview by telling the mother when she will be contacted next and what will happen at that contact.

XIX. APPENDICES

A. Sample Letter to Send to Mother When Unable to Contact by Phone

Mother's Name
Last Known Address

Dear _________:

Thank you for agreeing to participate in the NICHD Study of Early Child Care. We have enjoyed getting to know you and BABY, and it's good to have you as part of the study.

We have been trying to contact you to find out how you and BABY are getting along. Please fill out and return the enclosed card to us, or call our offices at AREA CODE/PHONE. Feel free to call us collect. Also, you can call at any time and leave a message on our answering machine. Please let us know the best way to contact you.

We hope things are going well for you and BABY. We look forward to hearing from you soon.

Sincerely,

Project Staff Member

Enclosure: Return postcard

B. Materials to Send to Mothers Who Let You Contact the Provider

LETTER DESCRIBING 6-MONTH CHILD CARE VISIT FOR MOTHER

Mother's Name
Last known address

Dear :

As we discussed on the phone, we will be contacting (NAME OF CARE PROVIDER) about our visit to observe BABY [or when BABY is at the day care center].

We want to find out what BABY is usually like when (she/he) is in (his/her) care [or at the center], and also a little about the people caring for (him/her). To do this, someone from our staff will visit BABY's child care to watch for about three hours on two different occasions. This person will also talk to the care provider about (his/her) education and experiences in caring for children and about how your child spends the day. The care provider will also be asked to complete several brief questionnaires about your child, similar to those you have completed, and about (his/her) feelings about providing child care.

(His/Her/Their) participation in the study will be of great value. It will provide important information to help us learn more about those things that lead to healthy development for young children.

Thank you for your help.

Sincerely,

Project Staff Member

C. Materials to Send to Mothers Who Want to Make First Contact With Child Care Provider

1. Letter describing 6-month child care visit for mother

Mother's Name
Last known address

Dear :

As we discussed on the phone, we would like you to talk to (NAME OF CARE PROVIDER) about our visiting when (she/he) is caring for BABY [or when BABY is at the day care center]. We have enclosed a list of points that you should be sure to mention when you talk to your provider.

We want to find out what BABY is usually like when (she/he) is in (his/her) care [or at the center], and also a little about the people caring for (him/her). This would mean someone from our staff coming to watch for about three hours on two different occasions. This person would also talk to the care provider about (his/her) education and experiences in caring for children and about how your child spends the day. The care provider would also complete several brief questionnaires about your child, similar to those you have completed, and about (his/her) feelings about providing child care.

The care provider may be a little uncertain about the visits and want to know more about them. We have enclosed some information that you can give (him/her). Specifically, feel free to mail or give the enclosed letter from us, along with the study description, to your care provider. You can also tell (him/her) that we will be phoning to talk about the visits in more detail and to answer any questions.

(His/Her/Their) participation in the study will be of great value. It will provide important information to help us learn more about those things that lead to healthy development for young children.

Thank you for your help.

Sincerely,

Project Staff Member

Enc: Letter to Care Provider
Study Description for Care Provider
List of points to mention to the provider

BE SURE TO MENTION TO YOUR PROVIDER that...

1. You have given your permission for your baby to be visited at child care.

2. You have been in the study since your baby's birth and (we sincerely hope) have enjoyed the experience.

3. All information that is gathered on the baby and the baby's child care is kept strictly confidential. This information we gather during our visits will only be shared with project staff. No one will be named in any reports of the study. All information is kept in locked files at the University of Virginia

4. We need the provider's permission, in addition to yours, to visit the baby at child care.

5. We are not going to evaluate the child care provider or setting. We just need to learn about where and how the baby spends his/her days.

6. Someone from the study at the University of Virginia will be calling them in the next few days to describe the child care visit in detail and to answer any questions.

7. We will pay the provider $40 for his/her participation.

8. You hope she/he/they will participate.

2. Letter for mother to send to her provider

Dear ____(NAME OF PROVIDER)________,

As you may already know, ____(MOTHER)____, and her baby, ___(BABY)___ are taking part in an exciting and important study called the NICHD Study of Early Child Care. They have been in the study since the baby was born.

The major aim of the study is to learn how the different people, places, and events in the lives of young children affect their development. We have attached a one-page description of the study for you to read and even to post if you would like.

As part of the study, we need to see ______(BABY)______ in his/her child care setting since this is such an important part of his/her early life. We would like to come and ________(BABY)___, when she/he is with you. _____(MOTHER)_____ has given us their permission to do this. We will pay you $40 for your participation.

We know you are busy, and we will arrange our visits at times convenient to you. We will also respect the routines and responsibilities of the caregiver(s) during our visits. We want to see what the baby is usually like when she/he is with you. We would just watch whatever the baby typically does and ask some questions about how she/he usually spends the day. We would also ask you some questions about your own education, child care experiences, and feelings about providing child care.

Your participation in the study will provide valuable information which will help all of us learn more about young children's development. All of this information will be kept strictly confidential. We will be calling you to tell you more and to answer any questions that you may have about the study.

Sincerely,

Project Coordinator

Enc: Study Description

3. Description of study

THE NATIONAL INSTITUTE OF CHILD HEALTH AND DEVELOPMENT

STUDY OF EARLY CHILD CARE

Children born today will be growing up in a world different from that of their parents. How will growing up in the 1990's affect children's development? To answer this most important question for America's future, the National Institute of Child Health and Human Development has funded the NICHD Study of Early Child Care.

The NICHD Study of Early Child Care is being conducted at ten different sites in the United States. The main aim of the study is to learn about the variety of people, places, and events that children experience in their early years and the many pathways that lead to healthy development. Aspects of development that will be studied include social, language, cognitive, and health outcomes.

Families become involved in the study on a voluntary basis soon after the infant's birth. Several times during the three years that the families are involved in the study, the children, their parents, and other caregivers will be observed and interviewed. Parents are asked to describe their views about childrearing, their feelings about working and parenting, and their perceptions of the child's personality and behavior. Because child care outside the family is also an extremely important setting in which children grow and change, caregivers are asked to participate as well. Summary results will be available to all study participants at the conclusion of the project in 1995.

VISITS TO CHILD CARE SETTINGS

Each child is the study is visited in his or her care setting on two different days, when he or she is 6, 15, 24, and 36 months of age.

At the first visit, a staff member observes the child for about 2 hours. She tries not to interfere with the usual routine in the child's room. At the end of the visit, she leaves 4 questionnaires for the child's caregiver(s) to fill out before the second visit. These questionnaires contain questions about the caregiver's education and experience. This should take no more than 20 minutes of the caregiver's time, and the staff members work around the schedule and routines of the caregiver(s).

At the second visit, the staff member again observes the child for about 2 hours. Then, she talks to the caregiver(s) briefly about the child's activities and about the caregiver's education and experience. Again this should takes no more than 20 minutes of the caregiver's time, and the staff member will be considerate of the caregiver routines and responsibilities.

Because we want to see what usually happens when children are in child care, we try to make our visit interfere as little as possible with the caregiver's routine.

The results of this study will not only guide policy makers, but will also be of more immediate use to parents and child care providers as they engage in the rewarding, but challenging, responsibility of rearing young children.

Chapter 9

Section 1

OPERATIONS MANUAL SIX MONTH HOME VISIT

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ACKNOWLEDGEMENTS

Responsibility for this manual was assumed by members of the Steering Subcommittees for the Six Month Home Visit (Cathryn Booth, chair), comprised of the Six Month Home Observation Subcommittee (Cathryn Booth: chair, Jay Belsky, Celia Brownell, Bettye Caldwell, Martha Cox, Sarah Friedman, Margaret Tresch Owen, and Deborah Vandell) and the Six Month Interview and Questionnaires Subcommittee (Marsha Weinraub: chair, Martha Cox, Aletha Huston, Nancy Marshall, and Marion O'Brien). A most significant role was played by those who contributed to, developed, and refined the One Month Operations Manual. This committee consisted of Marsha Weinraub (chair), Martha Cox, Marion O'Brien, and Nancy Marshall. Lyz Jaeger, Study Coordinator and Nancy Becker Hahn at Temple site also played a significant role. A large majority of the material contained here pertaining to general procedures in home visiting was contained in the one-month manual as many issues remain the same for the six month visit.

The Home Videotaping Submanual (Section 3) was created by Celia Brownell, Margaret Tresch Owen, and Jay Belsky. Responsibility for creating the HOME Submanual was taken by Margaret Tresch Owen, working from material supplied by Bettye Caldwell. Responsibility for creating the Interview and Questionnaires Submanual (Section 2) was taken by Marsha Weinraub and her committee of Martha Cox, Aletha Huston, Nancy Marshall, and Marion O'Brien. Responsibility for producing the Operations

Manual and coordinating the submanuals was taken by Margaret Tresch Owen and Cathryn Booth.

Chapter 9

Section 1

OPERATIONS MANUAL SIX MONTH HOME VISIT

I. OVERVIEW OF THIS MANUAL

This manual provides specific information necessary for conducting the six month home visit. It is organized in such a way as to give general information about the visit in the first two sections, more specific information about setting up and managing the course of the visit in the third and fourth sections, instructions for activities to be completed after the visit to the home in the fifth section, instructions for unusual circumstances in the sixth section, safety guidelines for making home visits in the seventh section and general information on training for the visit in the eighth section. The specific instructions for conducting the HOME, the 6 month interview, and questionnaires, and the mother-infant videotaping are each contained in Sections 2, 3, and 4 of this Chapter.

II. GENERAL CONSIDERATIONS FOR THE SIX MONTH HOME VISIT

A. Your Role as a Visitor

As a home visitor, your main objective is to obtain accurate, reliable information in the most pleasant way possible.

Home visitors must balance their professional role and objectives with their role of being a friendly, respectful guest in someone's home. Unlike the typical lab setting, many unexpected things arise in the home that require flexibility on the part of the visitor. Your flexibility conveys your respect for the person and the way she does things in her home. Your flexibility and openness, however, should in no way compromise your professional agenda. The tone of the home visit is that of a friendly, relaxed yet professional visit.

There are several ways that you can prepare yourself for this role. First, become totally familiar with the protocol. This familiarity will make you comfortable enough to be flexible and also will help keep your professional agenda in mind as you accommodate to the unique circumstances facing you. Second, become familiar with six month old babies and the kinds of issues mothers are concerned with at this time. Third, you can dress the part: wear casual, yet professional clothes. Fourth, continually examine for yourself any situations that arise which prevent you from feeling totally comfortable with your role. Discuss these with your PI or site coordinator and see if there is a better way to deal with such situations in the future.

B. About Babies

It is important for the Visitors to be comfortable with young babies and knowledgeable about their ways. Reading about six-month-olds is a good idea. Site Directors often can recommend good reading material.

Here we present a few crucial points, especially for those Visitors less familiar with young babies. First, as soon as you see the baby, notice and comment on something positive about this child to the mother. Not saying anything is sometimes taken as a slight; saying something honestly nice is easy to do about even the most difficult babies. Be careful not to overdo it or to say anything judgmental that could be taken as negative -- even an innocent comment can stay on the mother's mind for a long time. Second, if you feel that you may be contagious with any illness, be sure to reschedule or find a substitute. Even if you think that you are not contagious, mothers will not appreciate your coughing and sneezing around her baby. Finally, Visitors may find it helpful to find six-month-old babies that they can spend time around in order to become more familiar with babies this age.

C. When the Mother Reveals Personal Problems

Occasionally, in a mother's eagerness to talk, she makes an implied or direct appeal for help with her own personal problems. The Visitor should be careful about feeling that she must handle these problems or solve them for the mother. The Visitor might say something like "*I can understand your being upset (or concerned) about that. When we finish with the things we have to do, maybe we can talk about it more.*"

Each site has developed its own resource list to meet the needs of their families on a case-by-case basis. We will not routinely give mothers any information concerning resources. This may constitute an intervention. For example, if the list contained information about "Fun Things to Do With Your Kids," we may be subtly encouraging mothers to behave in certain ways with their children. If the mother requests this information, however, we do have a responsibility to be reasonably trained to provide information about available resources.

Researchers at each site should be relatively familiar with the services that are available to parents in their area. If a situation arises in which a mother requests information or some type of referral, the researcher may say something like, "*I can see that you would like help. I am not (trained) (in a position) to help you, but perhaps you would like me to talk with Dr.---, our Director, and he/she will know of someone that could be of help to you.*" Immediately after the visit is completed, document the mother's concerns and requests on the Interviewer Report Form (see Interview and Questionnaires Sub-Manual) and discuss the situation with your Study Coordinator and/or Principal Investigator. Get back to the mother as promptly as possible with the appropriate information. If it seems appropriate to have your PI or SC speak with the mother, the Visitor should ask if the mother would like the Director to call.

Each site should keep a record of the kind of information distributed to a particular parent and what impact, if any, this had on the family's life, if known. (This can also be recorded on the Interviewer Report Form.)

D. When the Visitor Observes Family Difficulties

A more serious and difficult problem arises when something is revealed at the home visit that suggests that the baby (or mother) is in "jeopardy". (See Principle 9 of the SRCD Ethical Standards for Research with Children.) For example, you may suspect some form of child abuse. Prior to conducting any home visits, the Visitor should become familiar with indicators of child abuse and the laws governing reporting this to the authorities in your state. You should immediately report to your PI any instance of abuse or suspicions of abuse. A list of indicators and definitions of child abuse, prepared by the Wisconsin site, is included in Appendix A.

E. The Key to a Successful Visit

As much as possible, the Six Month Home Visit should be pleasant and satisfying for the families. In this regard, it is helpful for you to see this as a friendly visit. The Visitor must be as relaxed as possible and try to help the mother feel relaxed as well. On first entering the home, spend a few minutes just chatting. "*How have you been?*" may be reasonable to ask, or you may discuss any other topic of common interest (the weather). Making positive comments about the house, children, pets are all things that make people feel more relaxed and positive toward you. In other words, be a polite, friendly visitor to the home, showing you are interested in the family as people as well as in the information that they can provide.

Show interest and positive attention to the mother. Look at the mother as she answers your questions. Don't just look down for where to record the answer. Be careful, however, to avoid using terms such as "That's fine", "Good", or "Okay" after the mother completes an answer. Even seemingly innocuous statements after the mother says something may subtly reinforce particular types of answers.

In either the HOME or the Interview, if the mother elaborates on something when you really only need a brief answer, say something polite like, "*Yes, I see what you mean, I think I've got what I need here.*" If she goes on and on and it's becoming a problem, say "*You're giving me a lot of information, but I'm afraid I'll take up too much of your time, so I'll try to let you know when I've got enough so we can move on.*" Then, let her know that you have enough information and that you need to go to the next question. Remember that you don't want people to feel cut off, but that people may become irritated if your visit lasts longer than you promised (even if the cause is due to the mother's desire to give you more than you've requested of her). In striving to keep the visit pleasant and friendly you must strive not to let it become tedious in terms of allowing it to take longer that you promised. This must be handled delicately.

F. Sharing Personal Information

You must avoid sharing personal information. By sharing such information, you may inadvertently establish certain response biases in the mother as she assesses what your values may be. The reliability and validity of the data depend upon the Visitor being able to establish an interpersonally neutral atmosphere. Making evaluative statements after the mother answers a particular question, making evaluative comments on behaviors observed in either mother or baby or sharing personal information with her are major ways that a Visitor can introduce bias into the data collected.

G. Expressing Appreciation

Be sure to emphasize at some point during the visit the importance of the mother's contribution to the research, how worthwhile and important the research is, and how much the mother's time is appreciated. This is often a good thing to do as you are leaving, if it hasn't come up before. Say something like, "*We really appreciate your time. This research is important to understanding how children develop, so we appreciate that you are willing to help us with this.*"

III. THE VISITOR(S)

A. When to Bring a Second Visitor

Only one visitor will collect data for the visit. A second visitor will accompany the data collector when siblings will be present who need babysitting or when necessary for the sake of safety.

B. The Tasks When There are Two Home Visitors

When there are siblings requiring a second visitor, the tasks will be as follows:

	Visitor #1	Visitor #2
1. HOME	Interview mother	Friendly nonparticipant
2. Videotaped Interaction	Operate camera	Occupy others
3. Interview & Questionnaires	Interview mother	Occupy others

C. Who Can be Home Visitors

The data-collecting home visitor for a family should be different from the research assistant who observes the same family's child in child care. Home visitors may or may not have conducted the 1 month home visit. If, for some reason, the 6 month home visit cannot be completed in one visit, the same visitor should conduct the follow-up visit.

IV. CONDUCTING THE SIX MONTH HOME VISIT

A. Window for Data Collection

Ideally, the 6 month home visit will be scheduled and occur within ± 2 weeks of the child's 6 month birthday. Every effort should be made to complete data collection within this window. If, however, the visit must be canceled for some reason or cannot be completed and must be rescheduled, you may reschedule at a later date, up to the child's 7 month birthday.

B. Equipment Needed for Visit

You may want to carry all the forms and materials in a canvas tote, arranged in order. You will want to bring additional copies of the forms, just in case anything happens to this set or the father is present and wants to look them over or complete them. Be sure to take the mother's full name and address and phone number, in case you need to contact her on your way. This information should be recorded on the face sheet of the interview form before leaving for the visit.

In addition to the HOME, Interview, and Questionnaire forms, you will need the following:

1. Map
2. Directions
3. Writing board
4. Several #2 pencils
5. Extra interview and questionnaire forms
6. The response cards
7. The Questionnaire Log
3. The Interviewer Report Form
8. The Observation Report Form
9. Some large self-addressed stamped envelopes in case the mother needs to mail some forms (see Unusual Circumstances section).
10. Tape recorder (audio) and Microphones, if reliability of HOME and Interview are to be checked
11. An envelope to put completed data in
12. Subject payment and a receipt book for subject payments or forms to sign for obtaining payment (method of payment determined by sites)
13. The Operations manual
14. Videocamera, tripod, battery pack, and remote microphone (if necessary)
15. Erasable marker board to film identification of subject at start of videotape
16. Two blank videocasettes

17. The set of toys in a tote bag for the videotaped interaction
18. A second set of toys if young siblings will be present
19. Postcards to notify lab as address changes occur

A checklist for common protocol materials has been included on the face sheet of the interview form. Each site may also want to develop a checklist which includes both common protocol and site-specific materials so that Visitors can easily prepare for each home visit.

C. Pre-Visit Preparation

A 5 month phone call will have been conducted that gathers child care data and schedules the 6 month home visit. One to two days before the scheduled visit the mother should be recontacted to verify the time and date of the visit. If the mother does not have a phone, she should be recontacted in whatever manner has been previously arranged so that she receives a reminder within two days of the visit. If visits are scheduled more than two weeks in advance, mothers may have difficulty remembering their appointments with us. Sites may want to send the mothers reminder postcards 7 days prior to her scheduled visit.

Before going to the home there are at least two things that should be done to prepare for the visit. First, the Visitor should check a map to make sure that the directions received from the mother are correct. Checking the map will also help the Visitor plan the time she needs to find the mother's home and to anticipate delays. Second, the Visitor should check that all equipment is functioning properly, and all necessary supplies, materials and equipment are packed and ready to go.

D. Sequence of Procedures During Visit

1. Ideal order

The ideal order of administration is as follows: HOME, structured videotaping, interview and questionnaires. This order should be followed wherever possible. If you alter the sequence of assessments from the planned order (HOME, videotape, interview and questionnaires), note this on the Interviewer Report Form, at the bottom of the first page, which is sent to the Data Center.

2. When the order can be changed

Despite attempting to schedule the visit when the baby is awake, it is possible that he/she will be asleep when you arrive. If that is the case, it is better to start with the Interview and Questionnaires than the HOME, which requires observations of the mother and baby together. If the mother expects the baby to continue to sleep for a long time, you will need to reschedule the visit. If the mother anticipates that the baby will need to nap very shortly (within the hour), then you should start the visit with the videotaped observations after first spending a little time in casual conversation, followed by the HOME and then the

Interview and Questionnaires. The guiding principle is that the baby must be awake for the HOME and awake and alert for the videotaping, regardless of order of assessments. Occasionally, it may be beneficial to interrupt the HOME or the interview if baby becomes alert after a period of sleepiness. A secondary consideration is that doing the HOME first provides a friendly warm-up for the other assessments.

E. Arrival

1. Establishing initial rapport

Upon arrival at the mother's home, offer a friendly greeting, ask how everything is going, etc. For example, "*Hello Mrs. SURNAME, I'm VISITOR's NAME from the Early Child Care Study at YOUR SITE (and this is VISITOR TWO'S NAME). It's nice to see you again (if previously seen). I appreciate your letting us come out and visit with you today, especially since you must be pretty busy. How has everything been going for you and BABY?...*"

The baby is likely to be present. Show appropriate interest in the baby and say something nice about the baby.

2. Giving an overview of the visit

After introductions, convey something like the following script to give mother an overview of the visit:

"As (give the 5 mo. phone caller's name) told you, this visit will be similar in some ways to the one we made when BABY was one month old and will last about 2 hours. In general we will be trying to get some information about BABY's experiences and activities. Next we will set up the videocamera in a place in your home that will be good both for videotaping and for you and BABY to play together for about 15 minutes. I'll be giving you more specific details about what we'd like for that part a little later. Following this, I'd like to sit down with you again to ask you some more questions about your family's health, your employment, and BABY's activities, and then ask you to fill out some questionnaires similar to those you filled out last time."

(If there are site specific tasks, describe these here as well.)

"If you think BABY is going to be content for awhile and not need to nap or eat soon, then I'd like to get started first by talking with you about some of BABY's experiences."

If BABY is napping when you arrive or mother indicates baby is sleepy, add the following:

"(If you think BABY is likely to fall asleep or need to nap fairly soon/since [he/she] is sleeping now) we can rearrange the order that we do things. (We can start

filming right now if you think that will work out better./We can work through all of the interviewing and questionnaires first and hope [he/she] wakes up.)"

When mothers or other household members ask for more detail about the study or about what questions we are trying to answer, try to rephrase the information in the consent form or consult the information at the end of the Two-Week Telephone Interview. If people press for more information than you have, or if they ask for information which may prejudice the mother about the purpose of the study, tell the person that you are not sure what the answer is at this time, and that you'd like to check with the Director of the Project and get back to her. Never say "*I don't think I'm supposed to tell you that,*" or "*I'm not sure if I can tell you that.*" Families have the right to be fully informed. If you can't answer all of their questions, let them know that you will promptly get back to them with an answer.

3. Getting down to business

Next, ask the mother where would be the most comfortable place to talk with her. Ask the mother if she is expecting anyone to come over in the next couple of hours. Sometimes mothers will have someone drop by (i.e., the diaper company, her mother). If you know this will happen, you may be able to minimize its disruptiveness.

Anticipate that phone calls may cause interruptions. Ask the mother how she would like to handle things if the phone should ring. Ask the mother if she would mind letting the answering machine get the call (if it appears likely that one might be in the house), or if she would mind letting the father (if appropriate). If neither one applies, ask if the second visitor (if present) can answer the phone. See specific instructions in Section 3, V (Videotaping Section).

4. Handling the presence of the father, other adults, and children (other than target child)

There will be cases in which the mother's partner or someone else will be at the home when you arrive. Tactfully tell the father that he does not have to remain present through the first parts of the visit. If the father does not take the hint or really wants to observe the interview, be gracious. During the videotaping of the structured interaction, however, you will need to request that he leave the room with you.

If the father remains present during the HOME you will need to tell the father again that you must ask the questions directly to his wife even if they involve him. For example, you might want to say "*We usually do not have the benefit of having fathers present during our visits, so the interview has been designed for the mother to answer all questions, even those directly dealing with you. To be* *consistent, I must get all of the responses from your wife. You may, however, want to let me know if we are missing something."* Repeat this as often as it is appropriate. If the father does give you information, be sure to record the mother's response unless the father interjects more accurate information about objective questions pertaining to him (e.g., occupational title). Never, however, ask any questions directly of him.

If the father is not a participant in the study, he may look over the questionnaires if he wishes. Be sure to thank him for his interest in the study.

If father is a participant in the study, follow the HHS group protocol in dealing with his presence.

If other siblings are present, follow mother's lead during the HOME interview (i.e., they can be present or not, at mother's discretion). However, siblings should be occupied elsewhere during the videotaped interaction and the Interview and Questionnaires. A second visitor will be required in these circumstances unless other arrangements are explicitly made.

F. Audiotaping the HOME and the Interview for Reliability

If this particular interview is to be audiotaped for reliability purposes, it might be best to next ask the mother if she minds having her interview taped. The researcher may want to say something like, "*We often need to tape our interviews to make* *sure that all of our researchers are following the same procedures. Only researchers on the project have access to these tapes. Would you mind if we taped today's interview?"* In most cases, the mother will not mind, but it is polite to ask before beginning the interview. If the mother objects to the taping, be gracious and make sure that the next interview conducted by this particular interviewer is taped. (See Section 4 (the Interview and Questionnaires Submanual) for specific instructions).

G. Exiting

1. Debriefing

It is important at the end of the visit to "debrief" the mother. Ask the mother if there is anything that we didn't ask about that she thinks is relevant, or if she has any comments or questions about the visit she would like to share with us. The Visitor needs to be sensitive to any negative affect in the mother and needs to give the mother a chance to share her feelings. If the mother asks questions about the research hypotheses, try paraphrasing the information in the consent form and two-week phone call.

This is necessary to give the mother a sense that she is an important part of the research process, to give her the chance to tell us if the visit captured out-of-ordinary circumstances, and to express any adverse feelings she may have had about the visit. For each question, do not read response choices to the mother. Code the information she gives you. Note that these questions pertain to the entire visit, not just the videotaping.

For mothers who are employed or in school, ask about the day and time she last worked or went to school, and the day and time she will be doing this again (page 4). The purpose of this item is to determine when home visits are occurring, relative to mother and baby separations. That is, we are concerned that an imminent separation or a recent reunion in the employed group may affect results. Consequently, we are interested in work/school involving mother-baby separations. Work in the home while baby is present does not count for these questions.

2. Paying the mother

Thank the mother for all her time and help. Explain how important this study is, and how we value her time and help. Pay her, or make arrangements to pay her. If all of the information is not completed during the home visit and this is due to circumstances beyond the mother's control (e.g., the lab team must leave for some reason), the mother should be paid before leaving the home. If, on the other hand, the mother cuts short the visit before completing all of the measures, then she should be paid when her complete information is received. Please consult the Unusual Circumstances section in this manual for other payment issues.

3. Preparing for the next contacts

Talk with the mother about the next visits and phone call. Say something like the following:

> *"Someone from our team will call you when BABY is seven months old to find out about what a typical day is like for you and BABY. Again, when BABY is nine months old, we will want to find out how you and BABY have been, whether anything has changed for you, and how your days are going then. Babies change so much in the first year, and things may be quite different for you when BABY is nine months old. Our calls should take less than fifteen minutes.*
>
> *The next time we visit you in the home will be when BABY is fifteen months old. At that time, we'll be talking with you again, asking many of the same kinds of questions as we asked today. We will also want to watch her doing some things that may be fun for her to do with you. After the home visit we will schedule a visit to (site name) so that we can find out more about what your baby is like. We will contact you a few weeks before BABY is fifteen months old to talk with you about the details of these visits.*
>
> *If at fifteen months BABY is in (still in) some form of regular child care, we would also like to visit her while she is there. When we call you to arrange our visit at fifteen months, we'll also want to contact the*

caregiver. We will (will again) pay the caregivers for their time and help."

Leave the mother a business card or some small information card with your name on it that she can file or "put on the refrigerator." Say, *"We'll be in touch with you, but if anything changes for you or if you want to contact us, please call. Our number, and my name, is on this card."*

H. Departure

Leave the mother with a good feeling about your visit. As you leave, give the mother positive feedback along the lines of *"You've really been helpful to us," "I've enjoyed meeting you, I'll look forward to visiting you again," "You really have a beautiful baby."*

V. POST-VISIT ACTIVITIES

A. Checking the Data

After the visit is completed, the Visitor should look over the entire interview form, and HOME form, to make sure that each item was completed and coded properly.

B. Documentation of the Visit

To document the visit, the Visitor will need to complete some forms after leaving the home. First, the Visitor will complete page 2 of the Observation Report Form (Post Observation Ratings and Maladaptive Behavior Checklist). This form is used to rate the Visitor's impressions of the entire visit (not just the videotaping), including an overall impression of the mother-child relationship, and the presence of maladaptive behaviors in the mother and infant. Second, the Visitor will complete the Questionnaire log sheet. In most cases, the Visitor will be able to complete this form during the home visit.

Third, the Visitor will complete a Visitor's Interview Report Form. This form gives the Visitor a place to record in more detail any extenuating circumstances that may have affected the Six Month Protocol, a place to describe the mother's comments following the interview, and an opportunity to record any comments the interviewer wants to make about the home visit.

Finally, we also recommend that each site keep an informal log book on each visit. Here you could include information about who the Visitors met during the visit, general comments about the proceedings, and note some non-protocol information about the visit such as things the Visitor may have discussed with the mother, the name of the family dog, etc. This information may be useful in maintaining rapport during future contacts. Be careful not to include information that may bias future Visitors; only information that may help them respond as sensitive, friendly visitors to the family.

C. Posting the Data and Videotape

See Chapter 3, "Data Management and Paper Forms Handling" for information on posting the data to the Data Coordinating Center. After making a copy, the original videotape of the 15-minute structured interaction should be labeled and mailed directly to Margaret Tresch Owen (see instructions in Videotaping section).

D. Maintaining Rapport

Each site will send some type of thank-you note to the families after the visit. Each site can decide the form of the note with which they feel most comfortable. All sites will send the children yearly birthday cards. Each site can also decide whether they want to send holiday cards.

VI. ENCOUNTERING UNUSUAL CIRCUMSTANCES

Listed below are some situations that may be encountered on the six-month visit and our suggested solutions. We realize that each lab is different and we invite your comments and suggestions.

1. The Visitor arrives and the mother is not home. Do we call and reschedule her?

Before leaving the area, the Visitor should attempt to call the mother from a nearby phone booth to make sure that she really is not home (e.g., her doorbell may not be working). If the mother is not home, the Visitor or the scheduler should attempt to contact the mother as soon as possible. Every attempt should be made to reschedule the visit within the allotted time frame.

2. The mother refuses to participate once the visitor arrives at the home. Do we pay her?

If at all possible, the Visitor should try to determine exactly why the mother refuses to participate before she leaves the home. By keeping accurate records of refusals and drop-outs, we may have some insight into the biases that may creep into our sample. If the refusal is related to specific circumstances of the day or week, then arrangements to recontact her and reschedule the visit should be made. As for paying her, we do not have to, considering that the money is for participating in the study. We should thank the mother for her earlier participation and leave.

3. The Visitor arrives at the home and the mother says that she or the baby is not feeling well and she wants to reschedule.

The Visitor should try to determine why the mother did not phone the lab to cancel her appointment. Is this a sudden illness that may have prevented the mother from contacting us? The Visitor should offer to reschedule if the mother or baby was truly ill and the mother was too busy or too distracted to call us. If possible, she should be rescheduled on the spot. However, it may be that neither the mother nor her child is ill; the mother just does not want to be in the study anymore. The Visitor should verbally check this out with the mother. If the mother does not want to be rescheduled, the Visitor should thank the mother and politely leave. Tell your PC or PI of the circumstances when you return to the lab. The mother will be called and rescheduled if possible.

4. The house we are visiting is chaotic, noisy, etc. There does not seem to be a place to do a quiet interview or a videotape session without many interruptions. What do we do? This should occur infrequently because strong efforts to minimize disruptions should occur during the scheduling of the visit. However, if the situation arises and the mother seems very eager and cooperative, we should ask her if there is a better time to reschedule the visit if there is absolutely no way to get through the visit.

Almost any interview can be gotten through despite interruptions. It is best to plan ahead for these interruptions by leaving ample time in the Visitor's schedule to complete the visit. It is also the case that a 1-month visit was completed in this home, making it probable that a 6-month visit will be possible with perseverance.

5. The mother is very hostile, uncooperative, high, etc. What do we do? Will we see her again?

If the mother is merely uncooperative or somewhat hostile, the Visitor may want to switch gears, and allow the mother to do more open-ended talking for a while. If this does not help, the Visitor should reassure her that her participation is strictly voluntary and that if she finds the questions or procedures in any way a problem, she can withdraw at any time with no penalty. If the mother is being uncooperative by refusing to answer any questions, the Visitor can reassure her that all information is held in the strictest confidence. Keep in mind, however, that it is the mother's free choice whether or not to answer particular questions.

If the mother is overtly high or psychotic, the Visitor should leave the house as soon as possible, as tactfully as possible. The Visitor can skip through the protocol to go to the end and ask a few final questions. If the mother asks why the questions are being skipped, she can be told that they are not applicable to her situation. Data from the 6 Month Home Visit will be missing in this case, but the mother will be contacted again at the next scheduled data collection.

6. What if the mother wants to change the order of the questionnaires she completes?

The Visitor should tell the mother that we need to keep things standardized and that we need to keep the forms in their original order. If she is resistant, allow her to complete the forms her way. Indicate on the protocol that the order was changed and how.

7. What if she asks to fill out the written sections at another time and offers to mail them in?

If you have finished the interview you may leave the questionnaires and a self-addressed stamped envelope for the mother to mail them back. Ask the mother to complete the forms by herself in the order they are given to her. Stress to the mother, however, that you will need to receive the forms within the week. Call to remind her if you have not received them back within four days. If you have not received the forms within the week, call again to remind the mother. If you get the sense from this second phone call that there is some trouble in filling out the questionnaires, try to schedule a time to return to the home and help the mother work through them. If there are also a few remaining interview questions, schedule a time to call the mother to complete these questions over the phone. This call should be made within the next working day, if possible.

8. What if we/she has to leave before finishing the protocol?

A return visit will need to be scheduled if:

   a. The observation could not be done (see specific contingencies in Section 3 of this chapter).
   b. If you have not yet started the interview or completed at least half of the interview.
   c. The HOME interview could not be completed, either because the baby was not awake at any time during the HOME interview or the HOME had to be moved to the end of the visit (due to a sleeping baby) and the mother did not have enough remaining time.

9. Visitor sees indicators of child abuse or potential abuse.

This information should be reported to the PI immediately. If required by state laws, this information will need to be reported to the appropriate authorities. If the family still wants to be in the study, they should still be included. This information must also be reported to the Data Coordinating Center.

10. If a child dies unexpectedly before the six month visit, is it appropriate to send a card?

It is appropriate to send a note of sympathy. Each site can decide how they want to handle this situation. The Temple site would recommend sending a card which includes the phrase, "If there is any way that we can be of help to you, please let us know."

11. If the mother and her baby are not living together in the same household at the time of the six-month visit, what do we do?

If the legal guardian of the baby has agreed to participate at the 5-month phone call, schedule the visit. Otherwise, recruit another family, if possible, to take their place. Do not drop the original family at this point--the mother and baby may be reunited later.

12. What if the mother's partner is female? Do we ask all partner questions in relation to this person?

If the mother defines a woman as her partner, then all questions pertaining to partners in the Six Month Structured Interview (not the H.O.M.E.) should be asked with respect to this person. The Interviewer should substitute "she" for "he" wherever this is appropriate.

13. What if the mother cannot, or does not want us to visit her at home?

Arrange to send the mother the questionnaires, and to interview her on the phone. If the mother is living in someone else's home or in a shelter for a relatively short period of time, it would be possible to do the videotaping portion of the visit in this new setting. However, the HOME should not be completed, as it might give an inaccurate impression of the "usual" environment of the baby and mother.

VII. SAFETY GUIDELINES

Occasionally, a Home Visitor will have to go to an area with which she is unfamiliar. In some cases, she may have to make the final decision to drop a family from the study due to a safety exclusion. It is, therefore, essential that each Visitor be able to evaluate the safety of an area and learn how to increase her own safety when traveling in an unknown area. We have compiled two lists to help Visitors with these tasks. These indicators are only imprecise guidelines. The presence of these indicators does not necessarily mean that the area is unsafe, nor does the absence of these indicators necessarily mean that the area is safe. These are meant only as indicators to consider. Sometimes the Visitor will have to go on their 'gut reaction'. Remember -- the safety of home Visitors is paramount! Never enter or stay in a situation in which you feel threatened.

Things to consider in evaluating the safety of an area

There are three significant characteristics of dangerous areas: isolation, evidence of drug use or criminal activity, and a general air of abandonment. Remember that the presence of these characteristics do not always indicate danger, but they are signs that should be attended to.

Isolation

Poorly lit areas

People walking around with no apparent destination

Closed down industrial or business establishments

Nobody to go to if there is a problem (i.e., areas with boarded up homes, closed businesses or industrial firms)

Evidence of drug use or criminal activity

Lots of graffiti

Adults and teenagers loitering on street corners during the day

Prostitutes standing around on corners

Crack vials and syringes on the street

House with lots of people going in and out

Abandonment

Unkempt homes: Broken windows, homes in need of extensive repair

Area with many boarded up homes

Many old or abandoned cars

More trash than normal

The appearance of any one of the above characteristics does not mean that an area is unsafe. However, if you notice several of these characteristics, and you have a gut feeling that you should not be in that area, it probably means that the area is unsafe. Please see the section on "Dealing with Unusual Circumstances" to help you decide what to do in an unsafe situation.

HOW TO INCREASE YOUR SAFETY

1. Dress casually, in flat shoes, with no jewelry. (A casual watch is fine.)
2. Do not go into a possibly unsafe area alone.
3. Have exact directions to the home. Tell the mother that you are unfamiliar with the area and ask her exactly where to park the car.
4. Arrive early to a neighborhood to check things out. If you give yourself plenty of time then you will be better able to make an evaluation of the area.
5. Carry minimal equipment in a canvas tote.
6. Don't carry a purse.
7. Don't leave anything in your car. If your car has a trunk, try not to keep the equipment in there. If you are seen going into the trunk, someone may suspect that you have other things in the trunk.
8. Look like you know where you are and what you are doing. If you look intimidated, you are more likely to be the target of crime.
9. Make sure that someone knows the time of your visit and the time that you are expected to return.

10. Keep in contact with the local police precinct. They can answer many questions you may have about an unfamiliar area.

Dealing with unusual circumstances from a safety perspective:

1) If a Visitor arrives in front of the house and decides it is too dangerous to get out of the car, or the house looks "too questionable to enter":

The Visitor should get to the nearest safe phone booth and call the mother to tell her that we are not coming. In cases where the visitor knows that he/she is going to a borderline neighborhood, he/she should arrive early to check out the situation. This way we will also minimally inconvenience the mother because we will call her about the time we should have been arriving rather than leaving her waiting for us. In this case, it may be better not to tell her the truth about our fears of her house and neighborhood because this may be inaccurate and unkind. We could tell her that something happened and that we couldn't get to her house. Although we did not reschedule when the situation is too dangerous at one month, we will attempt to handle these circumstances differently at 6 months. We now have considerable data and time invested in this family since we will presumably have made 1 month visits and 3 and 5 month phone calls. Reschedule the visit and enlist help from security or police personnel to enable you to make the visit on the next try if at all possible.

If you know from the 1 month visit that the home is in a dangerous neighborhood, you should check out the area at least 48 hours before the scheduled home visit as was done before the 1 month visit. If you see that the neighborhood does not at this time meet the criteria for "safe," make arrangements as above to have the help of security or police personnel to get from your car to the home and back. If you cannot obtain help to make the visit safely then cancel the appointment, and attempt to collect as much interview and questionnaire data as possible over the phone and through the mails. Upon receipt, send the mother a check for $25.

2) If the Visitor enters the house and decides that the situation looks unsafe:

If the situation looks extremely unsafe (see safety regulations) as the Visitor enters, the Visitor should leave the questionnaires and arrange to interview the mother by telephone. Upon receiving the questionnaires, send a check for $25.

If the Visitor enters a situation which appears okay at first but later becomes dangerous, she should leave as soon as she can and as tactfully as possible without compromising her personal safety. As she leaves, she can briefly explain that this looks like a bad time. As above, leave questionnaires and arrange for a phone interview. Pay the mother upon receipt of questionnaires.

If the Visitor decides not to see a family on the basis of safety, or if she should leave before the interview is completed, she should report this to the Study Coordinator and Principal Investigator. In addition, the Visitor(s) should document why and how they arrived at the decision to terminate the home visit so that a written justification, based on each site's guidelines, can be sent to the Data Coordinating Center. (See the Safety Exclusion Form, in Appendix D of Chapter 6.1.) Some suggestions on developing site-specific safety guidelines are contained in Appendix G of Chapter 6.1.

VIII. OVERVIEW OF TRAINING

The 6-month home visit consists of several different components. Training guidelines for each of those components are included in the appropriate Sub-Manuals. This section reviews procedures for general training for visitors.

In addition to their training on the various components, visitors will need training in the general flow of the visit, and in responding to the kinds of situations that may come up. It would also be helpful to review the place of the 6-month visit within the context of the full study. For example, this is our first opportunity to actually gather information, other than parental report, about the child. In addition, while these home visits are going on, we are beginning our first assessments of the child care setting. And families' lives are changing. More mothers will be back at work, babies are past the unsettled first three months and are interacting more and more with others, siblings are probably more accustomed to the changes that baby has brought. If the one-month visit was our introduction to the family, and provided us with "baseline data" about this family, the 6-month visit marks the beginning of some very exciting data collection.

While each research assistant will have copies of the portions of this manual that are relevant to his/her tasks, we have also found the following materials helpful for visitors and would recommend that each site prepare them ahead of time for your visitors. These one-page "crib-sheets" serve as quick checks for the research assistants before each visit.

1. A master list of all the materials needed for all the components in the 6-month visit, plus any site-specific materials.

2. A 1-page list or flow-chart of the sequence of the components, which visitor does what, and what the visitors will have at the end of the visit (completed HOME checklist, completed interview and questionnaires, videotape of structured interaction, etc.

Representatives from each site will be trained on the components of the 6-month home visit in Little Rock, Arkansas. Those who receive training in Arkansas will be training additional visitors back at their sites. Once all the participating visitors are trained on each of the components, they should practice putting it all together at their sites. We would recommend that they make multiple visits, probably to the pilot families, during which they do the entire sequence of components "for real", before they start visiting the 120 official families. Criteria for "certification" of home visitors are described in the submanuals.

IX. Appendix - Observation Report

A. Videotaping Report (page 1)

OBSERVATION REPORT

INTERVIEWER/OBSERVER ID

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

CHILD ID NUMBER

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

REL

0
1
2
3
4
5
6
7
8
9

1. Date observation began

Month		Date		Year 199_
0	0	0	0	
1	1	1	1	1
	2	2	2	2
	3	3	3	3
	4		4	4
	5		5	5
	6		6	6
	7		7	7
	8		8	8
	9		9	9

2. Time observation began ______am/pm
(Code using 2400 hours)

0	0	0	0
1	1	1	1
2	2	2	2
	3	3	3
	4	4	4
	5	5	5
	6		6
	7		7
	8		8
	9		9

3. Interruptions:

1. start time______________ end time___________

reason:____

____

2. start time______________ end time___________

reason:____

____

4. Time observation ended________

5. Unusual circumstances:___________________________________

____

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B. Post Observation Ratings and Maladaptive Behavior Checklist (page 2)

Post Observation Ratings

6. How at ease did mother appear?

1 Very uncomfortable
2 Slightly ill at ease
3 Moderately comfortable
4 Completely comfortable and at ease

7. How disruptive do you think your presence was?

1 Not at all disruptive
2 Minimally disruptive
3 Moderately disruptive
4 Highly disruptive

8. How much did the infant try to interact with you?

1 Didn't notice you at all
2 A few glances or smiles only
3 Quite numerous glances, smiles, vocalizations
4 Prolonged watching and numerous attempts to interact -- smiles, vocalizes, reaches

9. Overall Impression of Mother-Infant Relationship

1 Terrible
2 Poor
3 Fair
4 Good
5 Excellent

Maladaptive Behavior Checklist

10. MOTHER:

Y N Inappropriate affective response to child's affect (e.g., mother laughs when child cries)
Y N Demands child do things beyond developmental capacities
Y N Physical abuse or neglect
Y N Any behavior that doesn't "make sense" (bizarre, abrupt, severe)

11. CHILD:

Y N Postural asymmetries or unusual motor behavior (tick, hyperactivity)
Y N Prolonged blank stare
Y N Self-harm (head banging, hair pulling)
Y N Active avoidance of mother (avoid, reject, hit, hide)
Y N Unconsolability
Y N Any behavior that doesn't "make sense" (shrieking for no apparent reason, hitting during social play, sudden, extreme changes in affect)

C. Post Observation Interview with Mother (pages 3 and 4)

12.	Was this a typical day for (BABY)?	Y (GO TO QUESTION 19) N Continue with the following questions
13.	If not, why not?	1 Baby sick (including teething) 2 Mother sick (including headache, cold, flu) 3 Baby off schedule 4 Baby's behavior different in some way 5 Fewer children than usual 6 More children than usual 7 Other
14.	How different was it?	1 Only slightly 2 Somewhat different 3 Really different!
15.	How much did my presence disrupt the routine or affect your activities or the infant's?	1 Only slightly 2 Somewhat 3 A great deal
16.	What did you do differently because I was here?	1 Nothing 2 Changed environment (e.g., cleaned, moved furniture) 3 Interacted less 4 Interacted more 5 Was uncomfortable 6 Changed baby's schedule (e.g., kept awake, didn't feed) 7 Other
17.	What did baby do differently because I was here?	1 Nothing 2 Showed off 3 Watched observer 4 Was quiet, less active 5 Cried more 6 Other
18.	How was the routine different?	1 Not different 2 Stayed at home or inside when would have gone out 3 Delayed child's naps or meals 4 Offered more activities for child 5 Postponed doing chores, phone calls, taking a shower, having friends over 6 Other

For Mothers Employed or in School

19. What day and time did you last work/go to school?

Time				Month		Day	
0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2		2	2	2
	3	3	3		3	3	3
	4	4	4		4		4
	5	5	5		5		5
	6		6		6		6
	7		7		7		7
	8		8		8		8
	9		9		9		9

20. What day and time will you be going to work/school again?

Time				Month		Day	
0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2		2	2	2
	3	3	3		3	3	3
	4	4	4		4		4
	5	5	5		5		5
	6		6		6		6
	7		7		7		7
	8		8		8		8
	9		9		9		9

Chapter 9

Section 2

INFORMATION REGARDING THE SIX MONTH STANDARDIZED INTERVIEW AND QUESTIONNAIRES

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Responsibility for this chapter was assumed by the Interviewing and Questionnaires subcommittee of the Steering Committee: Marsha Weinraub (chair), Martha Cox, Marion O'Brien, and Nancy Marshall. This chapter draws heavily on the chapter prepared by this subcommittee for the One Month Visit. Guidelines for standardized interviewing were taken from Fowler and Mangione's Standardized Survey Interviewing (Applied Social Research Methods Series, Volume 18, Sage Publications, 1990). Suggestions for interviewing were also adopted from the manual accompanying Bettye Caldwell's HOME instrument and the Infant Health and Development Program, Phase 2 Assessment Manuals.

Many sites played a significant role in shaping this document and its predecessor, the One-Month Visit manual chapters. Nancy Marshall's meticulous comments and suggestions at all phases of this document were invaluable, as were those of Martha Cox and Deborah Vandell. Chris Payne, at the Western Carolina site, made many important organizational suggestions. Kathy Zima, at the Kansas site, provided assistance with the organization of the interview forms. Important suggestions and valuable standby support were provided by Jean Kelly at the University of Washington and Nancy Becker Hahn at Temple University. Most important, Lyz Jaeger at the Temple site played a significant role in the conceptualization, writing, and rewriting of this chapter.

Chapter 9

Section 2

INFORMATION REGARDING THE SIX MONTH STANDARDIZED INTERVIEW AND QUESTIONNAIRES

I. OVERVIEW

The Standardized Interview and Questionnaires are intended to follow the less structured HOME interview and the videotaped interactions at the 6-month home visit. However, as indicated in the overall guide for the Six Month Home Visit, this order of administration may be changed depending upon the situation in the home.

The Standardized Interview and Questionnaires are designed to collect specific information from all mothers in a systematic form using objective techniques and measures that have been used in other studies. By collecting data in this way, the data we collect can be compared to other data from families in previous and future studies. It is important that you follow all the guidelines listed in this manual.

The purpose of this interview at 6 months is to see what changes have occurred in the family since we last spoke with the mother at 3 months and to collect information about any changes that may have occurred. All of the mothers in the study were asked questions similar to these when their babies were one month old and again, on the phone, when their babies were three months old. Before you leave the laboratory to visit the mother when her baby is 6 months, you will need to review the family's files from these previous interviews and you will need to enter information in the appropriate places on the 6 month forms.

Part I of the Interview consists of three sections: the first section asks about changes in household data; the second section asks about marital history; and the third part asks about family health. This is followed by Part I of the Self-administered Questionnaires. Questionnaires included in this section are My Baby, My Feelings, Parental Care, and Relationships with Other People.

In Part II of the Interview, we are concerned with changes in the mother's and husband/partner's employment or educational status and feelings and attitudes about employment. This is followed by Part II of the Self-administered Questionnaires. Questionnaires included in this section are Family Finances, Feelings about Parenting, Combining Work and Family, Job Experiences, Self Scale, and My Child Care (completed only by some mothers).

In Part III of the Interview, the last section, we "debrief" the mother and update information on contact names and addresses for the family in case we need help in locating the mother in the future.

II. THE INTERVIEW AS A SOCIAL SITUATION

Interviewing is a social interaction, a form of structured conversation that calls upon everyday social skills such as tact, attentiveness, and courtesy. In a standardized interview, the interviewer has a schedule of questions to be asked of the interviewee in an organized, structured manner that is the same across all interviews. Likewise, standardized interview questions are designed to be administered to all subjects in exactly the same ways.

A successful standardized interview depends upon the interviewer's attention to two major concerns: (1) establishing an appropriate context for the interview, and (2) minimizing interviewer-related error in the data collected. These two concerns correspond to the two aspects of the Home Interviewer's role: friendly visitor and professional interviewer. In this section, we discuss some general principles as to how an Interviewer can address these concerns. Some of our comments are taken from Chapter 7, "General Instructions," of the HOME. Visitors are urged to read this chapter thoroughly, because it contains a great deal of helpful information about interviewing families in their homes and helping families to feel at ease. Other comments are taken from the IHDP Phase II Assessment manual. Comments regarding specific interviewing techniques and the minimization of interviewer-related error are taken from Fowler Jr., F. and Mangione, T. (1990) Standardized Survey Interviewing: Minimizing Interviewer-Related Error. Sage

Publications, Applied Social Research Methods Series, v. 18: Newbury Park, CA.

A. Establishing a Context for the Interview

This interview should be one component of a pleasant 6-month visit with the mother. Before the home visitors begin the Standardized Interview and Questionnaires, they will already have visited with the mother and said several positive things about the mother's participation, about the baby, and, possibly, about the home.

But an interview is more than just a friendly visit. Interviewing is a professional job that requires professional skills. The tone of your voice will convey your professionalism and self-assurance. Express genuine interest in what the mother tells you. Questions should not be approached in an apologetic or embarrassed manner. These questions have been used before many times, and they have not been found to be too personal or difficult. Many mothers have told us they enjoy the interview and questionnaires, and that it helps them to think about things they had not considered before.

The quality of your interview is critical to this study. You are the key factor in determining the quality of the data we obtain!

As much as possible, have the interview sound like a conversation. Because this is a structured interview, a conversational style is not an easy thing to achieve! The best way to achieve this is to be totally familiar with the questions and know what you're going to ask so you don't have the awkward problem of needing to "find your place." Establish a relaxed pace, and listen carefully to everything the mother has to say.

Show interest and positive attention to the mother. Look at the mother as she answers, nod, don't just look down for where to record the answer. Be careful, however, to avoid using terms such as "That's fine" or "Good" after the mother completes an answer. Even seemingly innocuous statements after the mother says something may subtly reinforce particular types of answers.

B. Neutrality and Confidentiality

It is important that you maintain a neutral attitude toward the mother's responses. Avoid behavior that could affect how the mother answers. For example, do not suggest answers, reword or interpret the question for the mother, except according to the specific guidelines described in this manual. Do not anticipate an answer to a question.

Avoid giving your opinion, even if asked. For how to respond to questions about the study, refer to the information we give the mother about the study in the brochure, in the two-week phone call script, and in the Informed Consent. Keep your answers here short and concise.

Do not let your tone or the pace at which you read the questions indicate that one answer is preferable to another. For example, do not read some response options faster or slower than others or read some with vocal inflection and others with a monotone.

A mother must feel free to speak candidly. In order for her to speak candidly, we guaranteed her (in the Informed Consent Form) that all the information that we collect about her and her family will be confidential and that all data will be kept confidentially, in a locked file cabinet. If you cannot keep confidentiality (such as in a case of child abuse), you should stop the mother and explain to her the limits of your confidentiality before you allow her to continue. Preserving confidentiality means, in addition, that you discuss data only with NICHD project staff and that you conduct interviews only with families whom you do not know.

C. Informing the Mother of Her Role

One of the most critical aspects to a successful interview is "training the respondent" (Fowler and Mangione (1990). In other words, the interviewer should let the mother know what is expected of her in this situation. This is done by direct instruction at the beginning of the interview, as well as through modeling, careful listening, and by giving the mother feedback about the appropriateness of her responses throughout the interview. Keep in mind that being a respondent is hard work. The mother must listen carefully to the questions, give complete answers, and provide them in the form required. For example, the mother must learn to fit her answers into coded response categories when her most natural answer might be "it depends."

Immediately before beginning the interview questions, tell the mother what you will be doing and what you would like from her (see section on Administering the Six Month Protocol). Also feel free during the course of the interview to "step out of the interview" to "train" the mother when necessary. Mothers are likely to feel most comfortable with the interview situation when they know what we want from them.

Positive reinforcement. When the mother responds appropriately to a question, provide positive reinforcement. This can take the form of a word or a gesture to let the mother know that this is the type of behavior you expect. Phrases such as "Yes, I see," "Thanks," "Yes, that's what I meant," are all good examples of positive feedback. You can also reinforce her behavior by nodding, smiling and writing down her comments. How much feedback you use will depend on your respondent. Some learn their role quickly and require only periodic feedback, while others may need to be reinforced every time they make an appropriate response. Be extremely careful, however, not to reinforce certain types of **answers**. Remember that you are reinforcing answering behavior, not content.

Digressions. There are some behaviors that you want to be especially careful not to reinforce. An interview can continue for a very long time if you allow the respondent to tell you a story while answering each question. If the mother elaborates on something when you really only need a brief answer, say something polite like, "Yes, I see what you mean. I think I've got what I need here". A long digression can be halted by saying things such as "That's interesting. Let's finish the interview and then we can talk more about this later". Such a statement not only explains why you are there (i.e., to interview her), but also communicates to her that you are interested in her as a person. Since this isn't an open-ended interview (although some questions do allow for more open-ended responses), this probably won't be a big problem, but you don't want people to feel cut off. This must be handled delicately.

Interruptions. It is important that the mother hear the entire question and all the response categories before answering. Her answer may change after she has heard all the possible answer choices. If the mother tries to answer before you have had a chance to finish reading the question, gently let her know that she needs to hear the entire question before selecting an answer. You may also want to re-read the question to her.

If the mother starts giving you answers to questions that will be asked later on, let her know that you will be asking about that topic later. You may also want to let her know that you have to ask the questions in a certain order. It is better to stop her politely than to have her go through the information twice. You must try to maintain control over the administration of the interview.

D. Pacing

Pacing is one way in which the interviewer gains control over the interview situation. Establishing a good pace does not mean reading questions in a monotonous fashion. Questions should be read at an approximate rate of two words per second. Don't pause between every word, but between word phrases.

When the pacing of questions is slow and even, mothers answer more thoughtfully, and you won't have to repeat questions as often. The mother will set the pace of the interview from information and cues provided by you. A slower and more leisurely pace will allow you to work carefully and to follow skip patterns and other interviewer instructions. Pace can also reduce tension for you and the mother. And, as mentioned earlier, slow and even pacing is important because an uneven reading of the question or response categories may bias the respondent by suggesting that some categories are more important than others.

E. Sharing Personal Information With the Mother

Even though you are trying to establish a conversational tone, you must avoid sharing personal information. By sharing such information, you may inadvertently establish certain response biases in the mother as she assesses what your values may be. The reliability and validity of the data depend upon the interviewer being able to establish an interpersonally neutral atmosphere. Making evaluative statements after the mother answers a particular question or sharing personal information with her are two major ways that an interviewer can introduce bias into the data collected.

F. When the Mother Reveals Personal Problems

Occasionally, in a mother's eagerness to talk, she makes an implied or direct appeal for help with her own personal problems. Sometimes, mothers can talk for so long about their problems that there may not be time to attend to the interview. (See earlier comments about digressions.) Interviewers should be careful about feeling that they must handle these problems or solve them for the mother. You might say something like "I can understand your being upset (or concerned) about that. When we finish discussing the interview, we can talk about it more."

Researchers at each site should be relatively familiar with the services that are available to parents in their area. If a situation arises in which a mother requests information or some type of referral, you may say something like, "I can see that you would like help. I am not (trained) (in a position) to help you, but perhaps you would like me to talk with Dr.----, our Director, and s/he will know of someone that could be of help to you." Immediately after the visit is completed, document the mother's concerns and requests on the Interviewer Report Form (see Appendix B) and discuss the situation with your Study Coordinator and/or Principle Investigator. Get back to the mother as promptly as possible with the appropriate information. If it seems appropriate to have your PI or SC speak with the mother, the Visitor should ask if the mother would like the Director to call.

Each site should keep a record of the kind of information distributed to a particular parent and what impact, if any, this had on the family's life, if known. (This can also be recorded on the Interviewer Report Form.)

III. MINIMIZING INTERVIEWER-RELATED ERROR

The proceeding section dealt with how to establish a friendly yet interpersonally neutral context for professionally conducting the interview. The following points pertain to specific interviewing techniques which minimize interviewer-related error in data collection. These include specific standardized interviewing techniques as well as standard methods for handling difficulties that may arise during interviews. It is impossible to eliminate error entirely. However, by following the techniques outlined below as closely as possible, we will greatly minimize interviewer-related error.

A. Standardized Interviewing Techniques

1. Read questions exactly as written

Reading the question exactly as written is critical to maintaining standardization across interviewers at all ten sites. If the wording of questions is changed by interviewers in even the slightest way, the researchers can never be entirely sure what question the mother was answering.

There are rare occasions, however, when exceptions are allowed. Sometimes reading the question exactly as worded will compromise rapport. When this happens, the interviewer may slightly rephrase the question as a confirmatory question so long as the same words are used as in the original question. For example, based on initial piloting with the One-Month protocol, several interviewers felt silly or awkward asking the mother, "Are you breastfeeding Baby?," when the mother was actually breastfeeding at that moment. The Interviewer may feel free in this situation to rephrase the question in a confirmatory manner. For example, "And you are breastfeeding Baby?" is perfectly acceptable in this situation.

While asking a confirmatory question may seem unnecessary in the breastfeeding example, most other questions are not that clear cut. The HABIT of confirming ensures that no question is accidentally skipped.

Another occasion when a confirmatory question is allowed is when the observer already knows the answer. For example, it often occurs that the interviewer has already learned that the mother/father is self employed prior to the moment in the interview where this question is supposed to be asked. Following the guidelines above, there are two acceptable ways this situation can be handled. These are illustrated below.

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Interviewer A said, "Sometimes we have a question which doesn't exactly fit the situation, but I need to ask you just for the record. Who is his employer?" She reports that so far, she has not had any mothers who seemed offended by even the most obvious questions. She feels that these types of shared awkward situations serve to build rapport, because it reminds the mother that both the interviewer and mother are engaged in a joint task.

Interviewer B, on the other hand, simply said, "And you are self employed?" Both approaches are considered acceptable. Which approach is selected depends on the interviewer's style, the mother, and the specific situation.

Interviewers will need to be as prudent as possible when deciding to use confirmatory questions because of the implication that changing questions has for increasing interviewer-related error in the data.

2. Avoid Offering Interpretations of Questions, Words, or Phrases

Unless every interviewer were to use exactly the same alternate phrasing or definitions, offering interpretation or definitions introduces unknown variability into the procedures. However, this is an ideal we want to strive for; in the interest of getting complete data and maintaining rapport, we may occasionally have to clarify a question or define a word when the mother is unfamiliar with the vocabulary. There are several situations when this may occur.

a. If a mother asks for clarification of a word or the meaning of a question and this has been defined in the Administration Manual, you may rephrase the question using the definition in the Administration Manual or give her the definition to help her answer the question. For example, if the mother asks, "What counts as separated?" in regard to marital status, you can tell her that it means that she is married but that she and her husband are not currently living together by choice. It is vitally important that interviewers brush up on these definitions by reviewing the Administration Manual on a regular basis.

b. If the mother asks for a definition of a particular word, the interviewer may give one in certain cases even if it is not defined in the Administration Manual. If the mother simply does not know the meaning of a vocabulary word, you may offer her the definition. For example, if a mother does not know what a "tantrum" is, you can tell her that it means a fit of bad temper (dictionary definition).

An interviewer may NOT define the meaning of a word or phrase for a mother when the word is, or the phrase includes, an adjective or adverb. For example, if the mother asks how you would distinguish good or excellent health, you may not define this for her. Another example is if the mother tells you that she is usually very satisfied with her job but that occasionally she also experiences dissatisfaction and then asks, "Would that be somewhat satisfied?", you should not answer the question for her. In addition, you are not allowed to define terms like "Mostly false" or "has mixed feelings." A good rule of thumb is that if it is at all possible for mothers (and for you) to define the meaning of term differently based on differences in subjective experience, do not define the term. Instead, you may say something like the following: "In this situation we're interested in what this word means to you. Let me repeat the question...."

When you do define a word for the mother, keep your definitions short. In our experience, the more explaining you do, the more likely you are to get in over your head.

If you choose to define a term for a mother, record the definition you used on the Questionnaire Log (if it is a questionnaire item) or on the Interviewer Report Form (if it is an interview question). If you find that you frequently have to define the same word for different mothers, try to use the same definition. In addition, share this information with other interviewers at your site so that you can all try to be consistent in how you are defining terms.

3. Determine When a Response is Acceptable

As the interviewer, you will be the one to determine the acceptability of a given response. In order to make this judgment, you must be able to understand the mother's response.

You must also be familiar enough with the Administration Manual to determine whether or not she answered the question sufficiently.

If the response is acceptable, record the information given and move on to the next question. A response is acceptable if it answers the question using the given response categories.

If the response is unacceptable, you must determine why. Sometimes this is because the mother answered in prose form, and did not use one of the precoded response categories. Or, the mother may not have heard the entire question or may not have understood what was being asked. If you think that this is the reason behind her unacceptable answer, re-read the question, emphasizing key words that convey the meaning.

Frequently, an answer is unacceptable because it does not fit into existing response categories. In this situation, the interviewer needs more or different information from the mother and therefore, probing is required.

4. Always Probe Nondirectively

Probing means asking questions. Nondirective probing is asking questions in a way that does not prejudice the mother in any way but allows her to offer you an acceptable response.

Probing is used to re-focus the mother's attention on the available answer choices. For example, when the mother responds, "It depends" or "Somewhere between this category and this one," you need to preface your repeat of the question with a remark like," Which comes closest..." or "In general..."

A. 4. 1. Probing closed questions. If the mother rephrases a response category, do not record the answer that you think comes the closest. Instead, ask her to select one by saying something like, "Which one of these answers comes closest to yours..." When you re-read the response categories, make sure that you read all the available choices. You do not want to narrow the choice for the mother by reading only the choices that are closest to her original statement.

A. 4. 2. Probing numerical questions. When probing for numerical responses, interviewers must take exceptional care not to lead respondents. Never ask a question that can be answered with a yes or no. Never suggest a particular range where the answer may fall. The simplest approach is to tell the mother that you need to get a specific value. If she says that she can only estimate, reassure her by stating something to the effect of, "We would like it if you would make your very best estimate. Even though it may not be exactly right, no one is in a better position than you to make this estimate. Do the best you can."

If the mother offers two numerical answers which are both possible response categories, you can simply ask her, "Which answer comes closest to how you feel/your experiences, etc.?"

A. 4. 3. Probing open-ended questions. To probe responses to open-ended questions, the following three probes may be used. "How do you mean that?" is used when the respondent provides an unclear response. "Tell me more about that" should be used when the answer is incomplete. "Anything else?" should be asked even when a seemingly appropriate answer is given to make sure that additional points the respondent wants to make are heard. If the mother simply does not answer the question, repeat the question.

A. 4. 4. Probing "I don't know" responses. "I don't know" responses need to be probed. The first job of the interviewer is to determine the origin of the respondent's problem. The answer "I don't know" can indicate several things, and sometimes the best probe is the silent probe. If the mother appears never to have thought about the issue before, you may find simply waiting expectantly for an answer produces good results! Sometimes you may need to encourage her to think about it for a second, reminding her that she is uniquely qualified to provide information on this topic. You may want to say, "I wonder if you could take a minute or two to think about it," or: "We are just interested in your opinion." If "I don't know" is given because the mother is unsure about the quality of the answer, remind her that there are no right or wrong answers to these questions and that we are interested in what she thinks.

If "I don't know" seems to reflect that the mother genuinely doesn't have an answer, it should be recorded as a "DK", and the response grid left blank. However, to be sure that this is the case, you need to probe all "don't knows" at least once. The purpose of a probe on a "don't know" answer is not to force the mother to answer if she doesn't know the answer, but to give her a chance to think about her response.

B. When the Mother Gives you Contradictory Information

If the mother gives you information which contradicts earlier answers she may have given you or information you gathered before or after the interview, you need to step out of the interview to ask the mother for clarification. For example, you might say, "I'm a little confused here. Earlier when we were discussing (fill in the blank) I recorded (blank). Am I missing something important here?" If the interview has already ended, the interviewers should feel free to bring out the interview forms and re-ask the appropriate questions. Before taking out the interview forms, the interviewer may want to first probe non-directively, (e.g. "Can you tell me more about that?") to get the "big" picture so as to be sure to cover all of the relevant questions again.

C. When You Are Having Difficulties

Never use your own discretion in choosing answers for the mother. If the mother does not choose a category and your non-directive probing does not help, it is sometimes helpful to "re-train" the mother for her role as interviewee. Explain to her that this question has pre-determined categories and that you need her to give the answer which most accurately reflects her situation. Rapport, however, should not be compromised.

If you feel that it would be pushing the mother to repeat the question or to train her, treat her response as though it were to an open-ended question and write down verbatim what the mother has said. After the visit is completed, you will want to discuss how to code her response with other interviewers, your study coordinator and your PI.

The following is a specific example of how to re-train the mother. It is based on an actual pilot mother.

I: (Question 18, Int 2a) "How would you describe your health compared with other women your age? Would ..."

S: "Good."

I: "This is one of those questions where I have a list of responses. I'd like to read you the list so that you can choose the one that fits your situation best."

S: "O.K."

I: "How would you describe your health compared with other women your age? Would you say your health is poor, fair, good, excellent?"

S: "Excellent."

D. When Mothers Have Negative Feelings About the Interview

Not all mothers will like every question, either in interview or written form, that we have to ask her. If a mother expresses negativity about a particular item, you should be accepting of her opinion, but do not convey the impression that you think the question is stupid, trivial or offensive. You may want to say something like, "Some questions may not seem relevant to you or your lifestyle. Because this is a national study, we will be seeing many different types of families. For some families, this may be a relevant issue. Please answer the question as best as you can." If she seems offended by a question, supportively remind the mother that she can refuse to answer any question that she wishes to.

E. Exercises

The following exercises have been taken from the IHDP Phase II manual. Each exercise will emphasize a different type of interviewer skill. Try to answer each question listed as per the specifications of this manual. The answers follow.

Exercise 1:

Interviewer:

Over the past few weeks, would you say that (child) is:

1) Not clinging, can easily be left with people (s)he knows

2) gets upset if away from you but gets over it, or

3) is very clinging; can't be left with others

Respondent:

I don't know--she seems to act differently with different people. Usually, when I leave her with my mother, she's fine. But sometimes when I leave her with the babysitter she gets really upset.

Interviewer:

Fill in response here:

Exercise 2:

Interviewer:

For each statement I read, please tell me whether (child) acts this way rarely or never, sometimes, or almost always? (Child) is worried about not getting enough.

Respondent:

What do you mean by enough? Enough what? Toys, food, hugs?

Interviewer:

Fill in response here:

Exercise 3:

Interviewer:

(Child) can't concentrate, can't pay attention for long. Now in the last 6 months, is that statement very often true or often true, somewhat or sometimes true, or as far as you know, not true?

Respondent:

Well normally she is pretty good about playing by herself for a long time. But in the last few days or so, she seems to get frustrated with all of her toys.

Interviewer:

Fill in response here:

Exercise 4:

Interviewer:

A child's success at school depends on how much his mother taught him at home. Do you: strongly agree, agree, disagree, or strongly disagree?

Respondent:

I don't know; none of my kids are in school yet, so I don't really know.

Interviewer:

List steps for probing this answer.

Answers to Interviewing Practice Exercises

Exercise 1:

The goal of this exercise is to provide practice in "probing" to get the respondent to answer with one of the existing categories. The respondent has provided an answer that boils down to "it depends". She has not answered the question. When you get an answer such as this one, re-read the question emphasizing the words that will help her arrive at an answer. In this case, begin your re-reading of the question with the phrase, "in general" and emphasize the phrase, "over the past four weeks" to indicate that she is to generalize over that period.

Exercise 2:

In this case, the respondent appears to understand the question, However, she wants clarification of a common word which can have several interpretations. You should repond "whatever 'enough' means to you".

Exercise 3:

The mother is unclear on the time frame that you want her to answer within. Stress that the information you want is what the child was usually like, or what was generally true, in the last 6 months.

Exercise 4:

There are several specific steps that you should go through before recording an answer of "I don't know". You should first use a **silent probe**, i.e., wait expectantly for an answer. This will give your respondent a chance to think about her answer. If she still does not answer, you may say: "I wonder if you could take a minute or two to think about it." or "We are just interested in your **opinion**." Then re-read the question, emphasizing key words or phrases. If the respondent is still unable to answer your question, record "don't know" by writing "DK" in the response category area, and then an "X" in the left margin to indicate that you "probed" her answer.

F. Putting it Together: A Friendly Context and a Professional Interview

It may seem that using the standardized interviewing techniques outlined above will be costly in terms of establishing rapport and a friendly tone to the visit. These techniques do not have to, and should not, interfere with our goal to provide a pleasant experience for the mother. The context in which the actual interview is embedded, i.e. what is said before, during and after the interview, is most critical in setting a relaxed and friendly atmosphere. Interviewers should also feel that they can "step out of" the interview at any time to maintain rapport. This is done by adapting to the mother's pace and the things (i.e. the baby) competing for her attention. In addition, interviewers should feel free to "train" the mother whenever is appropriate by explaining to her exactly what you need from her.

While all questions should be read exactly as written, except where noted above, no two interviews will be exactly the same because the total context of the interview will be different in each case. For the purpose of minimizing interviewer-related error, all that is necessary is that the actual interview questions be read as written, with no or minimal interpretation, and that the interviewer always probes in a non-directive way and avoids all evaluative feedback. The goal for the interviewer is to become so familiar with these techniques that they become rote. In this way, attention can be devoted to listening to what the mother is saying and to responding to her concerns.

To establish and maintain rapport, it is also essential for the interviewer to be comfortable with administering the interview. If the wording of some questions seems awkward to you, practice saying these questions aloud until you feel comfortable with them.

Sometimes it is difficult because the interview itself is not perfect. It is impossible to anticipate the concerns of all of the families in our study. To some mothers, the interview will be more difficult to administer than to other mothers. At times, the interviewer may feel that the information recorded on the forms does not accurately reflect the mother's circumstances. There are many important and unique circumstances that confront some families that the interview will not tap. The interviewer's job is to help the mother provide the best information to the questions as they are given. Important information that is not included in the interview may be entered into the Interview Report Form. Also, remember that we will be updating our information every three months so don't worry if recent changes in family circumstances as reported in the interview do not fully reflect the family's more general situation. We will find this out in later assessments.

In conclusion, the most important job of the interviewer is to establish good rapport with the mother. In those cases where the mother does not appreciate your objectives as a researcher and is not responsive to your efforts to establish rapport while maintaining standardized interviewing techniques, bend the rules as necessary to maintain rapport. (Indicate what you did on the Interviewer Report Form!) Through piloting we have discovered that most mothers are eager to cooperate with the interviewer and do their best job to be a "good" respondent.

IV. ADMINISTERING THE STANDARDIZED INTERVIEW

A. Purpose of This Section

This portion of the manual provides specific information about the questions included in the interview portion of the six-month home visit. In addition, this section will serve as the archival description of the way in which interview data were collected.

It is vital to the success of the NICHD Study that the basic format and content of every six-month interview be standardized. Please refer to other sections of the Operations Manual for the Six-Month Home Visit for specific instructions regarding the way the interview is to be conducted.

This portion of the manual will be modified if necessary during training and data collection. Any suggestions for additions or amendments should be addressed to Marion O'Brien at the Kansas site and Kaye Fendt at the Data Coordinating Center.

B. Format of the Six-Month Interview

Every interviewer should become thoroughly familiar with the format, layout, and questions of the six-month interview. Because of the many different family situations we expect to encounter during this study, the questions have been written to try to cover a great variety of responses. It is not possible, however, for the questions to suit every situation perfectly. At times the interviewer must adapt a question slightly so as not to appear insensitive to a mother. Alternate wording for these questions is provided within the text of the interview.

Within each section of the interview, there are a number of choice points when the interviewer must skip over particular questions or sets of questions because they are not relevant to a particular situation. It is important that each home visitor be completely at ease with these choice points so that the interview can proceed smoothly and the mother be unaware of the many coding decisions and question selection decisions the interviewer is making.

The conventions followed in this interview protocol are:

1. The directions to the interviewer that are not intended to be read to the mother are printed in ALL CAPITAL LETTERS. The questions and comments to be read to mothers are printed in upper and lower case type.
2. The interviewer is expected to continue to the next question unless instructed otherwise by a GO TO or choice point instruction.
3. Questions that must fit more than one situation are worded so that the choices between two wordings are in parentheses. Example: *"How satisfied are you with your decision about (working/not being employed/going to school) right now?"* The interviewer is expected to

choose the correct wording for this particular situation, not read all options. This requires that the interviewer have the questions clearly in mind and understand the different possible situations to which they refer, as well as being alert to the individual situation of the mother being interviewed.

4. Questions in which a person's name (or other specific information) is to be used indicate the missing information in capital letters, as, for example: "*In MONTH you reported a problem with ILLNESS. Is that still a problem?*" The question should be read as, "*In May, you reported a problem with high blood pressure. Is that still a problem?*"

1. Marking the Forms

The mark-sense forms used for the interview must be filled in carefully. Use a #2 pencil and be sure to blacken the entire space to indicate the mother's response. Whenever there are 2 columns of numbers, as for month and day, for example, mark both columns. If your response requires only one digit, mark 0 in the first column.

For example, to record a date of February 1991:

MONTH		YEAR 199_
■	0	0
1	1	■
2	■	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

The blanks above the columns are for your convenience in recording mothers' responses. Often it will be quicker to simply write in the response and then fill in the mark-sense spaces later. This is especially true for complex questions that have several sets of responses, such as the household information.

In response to some questions, a mother may give you additional information that is not coded but that you want to record in order to demonstrate that what she wants to tell you is important, and also to help build rapport with the mother. You can write such information on the forms as long as you do not write over the mark-sense spaces. Try to keep your notes to the left side of the page.

C. Interview Script

The interview data forms contain only a few brief sentences to introduce or close sections. These were included to remind you to explain to the mother what is going to happen next. They do not have to be read exactly as they are written, but it is important to let mothers know what the general topic of your questions is going to be in advance. Interviewers can phrase these introductory and transition sentences in their own words. Once you begin the questions, however, they must be read exactly as they are written. The only exception to this rule is the occasional situation where the information requested is obvious or already known to the interviewer. In these cases, the interviewer may reword the question as a statement, confirming with the mother that the information obtained previously is accurate.

Before beginning the actual interview, it is important to give the mother some general information about the way you will be conducting the interview and what your expectations are. To explain the purpose and format of the interview, say something like:

> "*During today's visit, I'm going to ask you some questions about your experiences as a parent so far, as well as getting an update on your family. I'll be asking you some of these questions as part of our interview, while others will be asked in the form of some brief questionnaires which I will ask you to fill out. Some of the things we'll be asking you are very much like what we asked you before. That's because we want to know how things change or stay the same over time as your baby grows. Please try to answer each question by telling me how you feel right now.*

Everything you tell me will be kept completely confidential. All this should take no more than about an hour, OK?"

(If there are site-specific tasks, explain these here as well.)

To explain the interviewer's and mother's roles, say something like:

"In the interview part of our visit, I will read you a set of questions exactly as they are worded. This is so that every mother in the study is answering the same questions. I'll be asking you to answer two kinds of questions. In some cases, I'll ask you to answer in your own words. In other cases, I will give you a list of answers and ask you to choose the one that fits best. If you have questions at any time during the interview, please be sure to ask me."

Mothers have different ways of responding to interview questions. Some are very precise and specific, but others tend to give vague responses or answer in general ways that are not codable. You can encourage mothers to be more specific by enlisting them as partners in the process of data collection. For example, if a mother responds to the question,

"How long have you been married?"

by saying

"6 or 7 years"

you can say,

"I need to record one answer. Is it 6 or 7 years?"

If the actual amount of time was somewhere in between, you can explain to the mother how we round up or down to come up with a single answer. The next time the mother responds with a range of numbers instead of a single answer, follow the same procedure. Usually after two reminders, mothers will understand the requirements of the interview and begin to give you codable responses without prompting.

Rules for rounding numbers. If you need to round numbers, the rules are as follows. Numbers from .01 to .49 are rounded to 0; numbers from .51 to .99 are rounded up, whether the number is odd or even. When the number is .5, exactly in the middle between two numbers, round up to the next number.

D. Face Sheet/Interview Record

The front three pages of the six-month interview form are for use by the project staff at each site to help keep track of individual families. **These pages will not be sent to the Data Coordinating Unit**. The fourth page is the official record of the interview and should be included with materials sent to the Data Coordinating Unit.

In preparing for the interview, on the first face sheet, record the mother's and baby's names, the family's address and phone number, and an alternate phone number in case no one is at home. Also record any special instructions about getting to the family's home (driving directions, parking, etc.). Information about travel time and mileage to the site are recorded during the visit so that future visitors will know how much travel time to plan. The name of the interviewer is also recorded.

Before leaving for the home visit, check to be sure you have all the materials needed for the interview, using the checklist on the face sheet.

On the second page of the interview forms, record the dates of previous contacts and the names of staff members who have visited with the mother. If the mother mentions someone or something that happened at a previous visit, it is helpful if you are able to identify the person who talked with the mother before.

In this interview you will only collect partner information about a live-in husband or partner. You will also update information for baby's father if he was romantically involved with mother or provoding financial support to mother or baby at one month. Fill in husband/partner or baby's father's name on page 2.

To prepare the My Child Care Questionnaire (last one in Section 2), use the Five Month Telephone Interview forms, to identify the nonmaternal caregiver the project will be observing at the 6 month child care visit. (If the father is the child care provider to be observed, do not complete this form.) Enter that person's first name and/or the center's initials (first name and initials only, to preserve confidentiality). Also enter the caregiver or center ID number onto the My Child Care form. Follow the instructions on page 2 for filling in information on the interview forms themselves. Use information from the one-month and three-month contacts so you are up to date on the mother's situation and can conduct the interview with regard for the mother's individuality.

After the interview, once back at the project office, the three face sheets should be separated from the data portion of the interview form. The data will then be checked and sent to the data center. The face sheets should be filed in the family's folder along with the Questionnaire Log Sheet and Interview Report Form, after discussing any problems or concerns with the Site Coordinator and/or Principal Investigator for your site.

A cover sheet is attached to the front of Sections 1 and 2 of the interview forms. These are for identification of the subject, the interviewer, and the date of the interview. Be sure these are completely filled out before sending interview data to the Data Coordinating Unit. It is wise not to fill them out in advance of the interview, however, in case of last-minute cancellations.

E. Interview Section 1

1. Part 1: Household Composition

Question 1

You will have listed the names and relationship codes for all the household members reported at the last contact before going to the home. It is not necessary to record age or sex or to update any of this previously collected information. The purpose of this question is to track changes in the child's household composition. Read to the mother the first names of the people you have listed, and ask if there are any changes. For people still present, fill in a 1 in the Change Code column. For anyone who is no longer present, fill in a 2 in the Change Code column.

If the baby's father or another member of the household is temporarily away from home (for example, in military service), he or she should still be coded as part of the household (change code 1). If this applies to the mother's husband/partner, conduct the remainder of the interview considering him to live in the household.

If new people are added to the household, record their first name, relationship to the baby and relationship to the mother as she describes them to you. Record their age and sex and a 3 in the Change Code column. Assign the relationship codes listed above the grid after the interview.

Try to remember who lives in the household as you continue through the interview, because it will help guide whether to ask certain questions and the interpretation of some of the responses you receive.

Sometimes families move into another person's home. This would constitute a change in household, as the new household now includes those people living in the new location. Since every family's situation is very different, use your best judgement to differentiate temporary household changes (maybe only a week or two during renovations) from permanent household changes (no longer paying rent at old location, eviction).

Question 2

If the mother told you in going through the household chart that her husband/partner was temporarily away from home and she told you the reason, code the reason under Question 2. If you are not certain, find out the reason by asking, "*And where is HUSBAND/PARTNER living now?*" Code Employment if he is on a temporary job assignment away from home or if he has a job that takes him away from home from Monday through Friday or for a week or more at a time at least once a month.

Checkpoint 1: Part-time Residents

Fill in the checkpoint before going on the interview. You can then move more rapidly to the next relevant question.

Question 3 and 4

You will have listed all the children who were reported to live in the household part of the time before going to the home. Confirm that these arrangements have not changed. The children listed here are those who stay in the baby's household on a regular basis -- during the summer, for example, or every other weekend. This question is not intended to record information about people, such as grandparents, who are visiting for a week or two (even if they come every year about this time), or the ne'er-do-well brother-in-law who is sleeping on the couch this week. The grandparents are always considered visitors, not members of the household, but the brother-in-law should be considered to be a member of the household and recorded on the household chart as having moved in (or in and out).

For all children who are still coming to stay in the household part of the time (every other weekend, or for 6 weeks during the summer, for example), fill in a 1 in the change code column. For any children who no longer come to stay, fill in a 2 in the change code column. If new children are now coming to stay part of the time, record their first name, relationship to the baby and relationship to the mother as she describes them to you. Also record their age and sex, and fill in a 3 in the change code column. Assign the relationship codes listed above the grid after the interview.

Checkpoint 2: Status of Baby's Father or Husband/Partner of Mother

From the information you collected in filling out the household chart, and the information on the baby's father's involvement recorded at the top of page 10, check off the appropriate box at Checkpoint 2.

2. Part 2: Marital History

Question 13

Choose your phrasing of this question based on what you know about the mother's and baby's household. If the household chart indicates that the baby's mother and father live in the same household and that the baby's father is the mother's husband, do not ask, "*Ared you married now?*" If the mother is not living with a partner, ask if she is married, since she could be married but separated. If you know the mother is living with a man to whom she is not married, you will have to just ask, "*Are you married now?*" in a matter-of-fact tone of voice.

Questions 15 and 16

If the mother has reported that she is currently married, be sure to say, "*Counting this marriage, how many times have you been married?*" to be certain that you are both counting the same way. Similarly, if she is married to the husband/partner you are asking about in Question 16, word the question, "*Counting this marriage, how many times has HUSBAND been married?*"

3. Part 3: Family Health

Question 17

Read the four choices and record mother's response. Do not try to interpret her answer for her, even if you think two runny noses are not a good reason to rate the baby's health as "fair." You can add your notes about the mother's response, but you must code the answer she gives you.

Question 19

Mother should have received a positive diagnosis of ear infection from a physician or health professional to code this as yes. Describe the medicine in her words. If she does not know the technical term for it, record what she does know (e.g., "some kind of antibiotic," "pink liquid that BABY took for 10 days").

Question 20

If the mother has not seen a doctor to certify that her child's ears are clear of fluid, or if the child is still being treated, record "No." The issue here is whether we can say for sure the baby's ears are clear of fluid.

Question 23

When you ask the mother how many times the baby has been to the doctor, she will often begin to tell you the reasons. You can move immediately to Question 24 and walk her through the responses. To slow her down, giving you time to record, you can simply repeat what she is saying and confirm it. Your conversation might sound like this:

I: "*How many times?*"

M: "*Well, we went in early March for shots and then he got a bad cough...*"

I: (Turn to Question 10.) "*So he had a routine check up and immunizations in March?*" (Mark Y for response 1.)

M: "*Yes, and then he got sick.*"

I: "*Was this a follow-up of an earlier problem or chronic condition?*"

M: "*No, this was the first time he'd been sick.*"

I: "*So you took him to the doctor for a cough. What did the doctor say was wrong?*" (Mark Y for response 3.)

M: "*He had bronchitis.*"

I: "*Was Kevin hospitalized for that?*"

M: *"No, but he was sick for a week."*

I: *"Has Kevin been to the doctor for anything else?"*

M: *"No, those are the only two times."*

I: (Record 0-2 under Question 23.)

Repeating and confirming the information with the mother allows you to obtain accurate information in a conversational manner.

Response (1) Routine Check-up or Immunizations refers to well-baby visits or immunizations. These may be scheduled at different times by different pediatricians or clinics. This question is intended primarily to find out about illnesses and injuries, not to determine which immunizations the child has received.

Question 25

Only read the statements in parenthesis if the mother is not sure or needs help in answering the question, "Has baby awakened at night."

Question 29

All of the sleep questions (25-29) are about the last week. Therefore, the mother should answer this question in terms of how much of a problem it has been for her in the last week.

Question 31

Select breastfeeding or nursing to fit usual terminology in your region.

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Question 33

Read the four choices to the mother and get her description of her overall health. Do not try to interpret her answer, even if you think differently than she does.

If mother begins talking about her health problems, move through Questions 34, 35, and 36 getting specific responses as quickly as you can without being rude. Do give the troubled mother a chance to complain or explain, but do not encourage long descriptions of health problems. Often, a sympathetic, "*I'm sorry to hear that,*" followed immediately by the next question, will get the conversation back on track.

Do record health problems described by the mother as these may be important in her ability to (a) work and (b) provide care for her baby. Also, it will help build rapport with the mother when next time she is called, you ask specific questions about her health.

Question 34

Follow up on the mother's previous description of any health problems. Not only will this help build you relationship with the mother, but it will provide an indication of the extent of the mother's health problems and how they may affect her ability to work.

Be sensitive here, of course. Sometimes what is listed as a "health problem" is not something you would ask about as part of your "relationship building". For example, a mother might tell us at the One Month Visit that she is visually impaired and under regular doctor care. But, here, at 6 months, it would not be appropriate to ask her about this condition again.

Question 35 and 36

If mother indicates any new health problem, get her description of the problem and record what she says. Much of this specific information is primarily useful to your site in becoming acquainted with the family and keeping track of events that may influence participation in the study.

If the existence of a health problem does not get mentioned until Question 36, and you are unsure whether this is a continuing health problem, ask, "*Would you say _____ was a health problem for you?*" If the answer is yes, then record this information and Yes under Question 35. If the mother has seen the doctor for a bad cold and she is now fine, record that under Question 36 but do not probe further.

If you know about a health problem before you get to Question 36, simply ask, "*Have you seen a doctor or other medical professional since MONTH?*"

Question 37

Ask these questions only about a live-in husband/partner. If mother's live-in husband/partner has moved in since the 3-month call, read this question as worded, substituting the month of the 3-month call in the blank. The mother will be answering for his health over the last three months, even if he wasn't living with her the whole time.

As with the earlier general health questions, read all the responses and record the mother's choice. Do not interpret her response.

Question 38

Follow up on the mother's previous description of her husband/partner's health problems.

Questions 39 and 40

If mother reports any new health problems, get her description of the problem and record what she says. If the existence of a health problem does not get mentioned until Question 40, and you are unsure whether this is a continuing problem, ask, "*Would you say ___ was a health problem for him?*" If the answer is yes, then record this information and Yes under Question 39. If the husband/partner has seen the doctor for a bad cold, record under Question 40 but do not probe further.

If you know about a health problem before you get to Question 40, simply ask, "*Has he seen a doctor or other medical professional since MONTH?*"

Question 41 through 44

The purpose of these questions is to identify any important events impinging on the mother or the family and give the mother a chance to talk about important events that are not covered elsewhere in the interview. The events listed cover the time since the baby's birth.

The mother may report that more than one person has lost their job, been injured or died. Fill in bubbles for as many different categories of people as the mother names. The mother may report that the same individual has been seriously ill and died since the birth of BABY. You would record both the illness and the death -- these are considered two different types of life events that have different, and important, impacts on people's lives. However, do not assume that all deaths are preceded by a serious illness or injury -- record only what the mother volunteers in response to the questions as written.

Question 45

In this question, we only ask about the mother's moves. A move is a change in location of household. A new apartment even at the same address is a "move."

F. Interview Section 2

1. Part 4: Mother's Employment and School

Sometimes a mother who is on leave from her job performs activities related to her job for which she receives no additional pay above and beyond the compensation during her leave. According to our definition, this mother, too, is not working for pay. If a mother is working for a family business (say doing the books for her husband's plumbing business), but does not get paid for this work, according to out definition, she is not working for pay.

Question 1, 2 and 3

The Work Update Chart allows you to record a lot of information in a small amount of space. A change code must be entered for each job recorded.

Primary job is the job the mother is working at for the most hours. If the mother has two jobs and works the same number of hours at each, the primary job is the one with the higher salary.

If the mother has started (or started and stopped) a new job since the last contact, ask, *"What is your position title?"* If the job title is not clear to you, ask *"What are your most important activities or duties?"* and record what the mother says. Then ask, *"What kind of (business/organization) is that?"* and record the type of product manufactures, the primary activity of the organization, or the nature of the business.

Use the occupation coding definitions (Appendix A) to choose a category. Verify your coding with mother only if you are not entirely clear on the nature of her occupation. In that case, find an entry on the occupation coding chart that you think fits her job, and ask the mother if she agrees with your judgment. Do not ask her the category. For example, if you have learned that the mother works as a nurse, you need to find out if she is an RN (coded under Professional) or an LPN (coded under Technicians).

If you are recording a new job (one started since the last contact), ask, *"When did you start working at this job?"* If the job has ended since the last contact, ask, *"When did you stop working at this job?"*

Ask all mothers who have had a job or are currently working the questions about income [USING CARD 2: *"From either the annual or monthly categories, choose the one that best (represents/represented) how much you (earn/earned)."* Add; *"Is this before or after taxes?"] and hours ["How many hours a week (are/were) you working for pay?"*]

Throughout this section, a mother is considered now working for pay if she is currently going to work at a paid job. Mothers who are on leave or doing volunteer work or working in exchange for services are not considered, for our purposes, to be now working for pay. Record information for up to two jobs, even if the mother only works a few hours a week.

If the mother was on leave at 1 month, and has now returned to her job, the "beginning date" of her job is the date she returned from leave. You would rephrase the question about dates to reflect this: "When did you return to work?"

Question 4

Count only hours at home for which she is paid, and, if she is a salaried professional, hours that are directly related to her paid employment. If the number of hours varies, ask for the "most typical situation" in the mother's opinion. This question refers to job hours, or paid work hours.

Question 5

If mother's work falls within one of the time periods listed in Question 5, record that period even if she does not work the whole time. For example, if she works from 1 to 5 p.m., record

(1) Daytime. If she regularly works hours that overlap the intervals listed, record both times. For example, if she works a 12-hour nursing shift from 11 a.m. to 11 p.m., record both (1) Daytime and (2) Evenings.

Similarly, if a mother works days and evenings on a regular basis because of having two jobs, record both. If a mother's hours change from day to day on a regular basis (for example, she works 1-5 p.m. on Mondays, Wednesdays and Fridays, and 1-9 p.m. on Tuesdays and Thursdays) record both (1) Daytime and (2) Evenings. Category (4) Times Vary should be used only when the mother's hours are different from week to week: mother works days one week and evenings the next.

Question 8

Hand Card 8 to mother and ask her to choose the most important reason. Record Other only if none of the choices fit her situation.

Mother's health includes her mental health. For example, if mother says she experienced emotional tension or exhaustion, ask if she would say that her health was the reason.

Baby's health includes behavioral reactions of the baby in child care, such as the mother's belief that the baby was having stomach distress, sleep problems, or eating problems.

Childcare problems are the "external" problems of finding appropriate and affordable child care. They may include lack of available care, care that is too expensive or inconvenient, care that is unreliable or of poor quality, distrust of sitters, and the like.

Work-family demands in conflict includes inflexibility about the mother's need to take time off for family or personal reasons, or the mother's own feelings of not being able to cope with competing demands.

If the mother says something like she just changed her mind, or she thought she would be able to handle working and caring for her baby but found out she couldn't, ask her to choose which of the listed reasons was the most important in her decision.

Question 10

"Going to school" is defined as enrolled in an educational program that normally leads to a degree, certificate, diploma, or the attainment of job-related skills. Taking an evening course just for the fun of it does not count as going to school, nor does taking a parenting class offered by the local hospital. On the other hand, if the mother is taking an evening course on computers because she is planning to start a word processing business at home, then it should be recorded. Similarly, if the mother is enrolled in something like 6 credit hours at the local community college she should be counted as attending school even if she is not officially in a degree program.

Knowing what kind of school the mother is or was attending is important for later questions and also for building and maintaining rapport with the mother. Although this information will not be coded into the database, it will be important for you to know in future conversations with the mother.

Question 12

The intent of this question is to find out how much time the mother spends doing school work -- time in class plus time spent on school-related work. As a general rule, use the following coding rules for counting hours in school. For high school or vocational school where people enter a building and attend classes for a portion of each day, count the number of actual school hours (e.g., 8:30 to 3:30 for five days a week would count as 35 hours). For community college, college, or graduate school, count the number of credit hours in which people are enrolled multiplied by 3 to get an index of involvement with school (e.g., a student enrolled in 12 hours -- which is considered a full-time load -- would be recorded as going to school for 36 hours; a student enrolled for one course of 3 hours credit would be recorded as going to school for 9 hours). Although different types of schools will vary somewhat in their time requirements, these calculations will provide a general index of time spent.

Question 13

If mother's school hours fall within one of the time periods listed in Question 13, record that period even if she does not go to school the whole time. For example, if she attends school from 1 to 5 p.m., record both (1) Daytime. If she regularly attends school during hours that overlap the intervals listed, record both times. For example, if she is in school from noon to 7 p.m., record both (1) Daytime and (2) Evening. If the mother is in school during both daytime and evening hours regularly during the same week but on different days, record both (1) Daytime and (2) Evening. Use (4) Times vary only for situations where the mother goes to school days one week (for one month) and evenings another.

Question 16

Hand card 9 to mother and ask her to choose the most important reason. Record Other only if none of the choices fit her situation.

Mother's health includes her mental health. For example, if mother says she experienced emotional tension or exhaustion, ask if she would say that her health was the reason.

Baby's health includes behavioral reactions of the baby in child care, such as the mother's belief that the baby was having stomach distress, sleep problems, or eating problems.

Childcare problems are the "external" problems of finding appropriate and affordable child care. They may include lack of available care, care that is too expensive or inconvenient, care that is unreliable or of poor quality, distrust of sitters, and the like.

School-family demands in conflict includes inflexibility about the mother's need to take time off for family or personal reasons, or the mother's own feelings of not being able to cope with competing demands.

If the mother says something like she just changed her mind, or she thought she would be able to handle school and caring for her baby but found out she couldn't, ask her to choose which of the listed reasons was the most important in her decision.

2. Part 5: Husband-Partner Employment and School

Question 18

If the husband/partner has a new job and you know that job title from the mother's response to the open-ended question about employment, confirm it here. *"And you told me HUSBAND/PARTNER was an English teacher."* If the job title was not clear from the earlier conversation, ask, *"What is his position title?"*

In this section, we are collecting information about the husband's/ partner's current job situation, as of the day of the interview. We will update this information every 3 months during the course of the study. If the mother reports that the husband's/partner's current situation is very unusual (for example, he is working as a melon weeder for the summer while looking for a job as a corporate lawyer), assure her that we will learn about the job changes periodically and record information about current employment. If, on the other hand, the father has a temporary summer job because he is a schoolteacher, record information about the teaching job, if the mother defines that as his primary job. Do not collect information on more than one job. Let the mother define which job is primary, and collect information only on that job.

The prompt, "What are his most important activities or duties?" needs to be asked only if the position title is not self-explanatory. If the position title is Elementary School Teacher, for example, you can skip the prompt. But if the mother says her husband is a Retrofit Specialist, you should probe for a more understandable description of his job. When in doubt, its better to ask the prompt than not.

The prompt, "What kind of a (business/organization) is that?" should be asked only if the employer is not self-explanatory. If the employer is well-known to you, do not use the prompt.

Use the occupation coding definitions provided (Appendix A) to code occupational category. Verify your coding with the mother only if you are unsure of the husband's/partner's occupation. In that case, find an entry on the occupation coding chart that you think fits his job, and ask the mother if she agrees with your judgment. Do not ask her the category. For example, if you have found that the father works in a lab for an environmental consulting firm but the mother is vague about his duties, you look on the occupation coding chart and find two possibilities. Ask "*Would you describe him as a* ***biological or life scientist*** *(Professional category) or a* ***biological technician*** *(Technician category)?*"

If the occupation is a common one, you can code it later rather than taking the time to look up the classification in the home. If you are not sure the occupation is listed it is best to check before you leave the home, but this can be done while the mother is filling out questionnaires.

Question 20

If husband/partner's work falls within one of the time periods listed in Question 20, record that period even if he does not work the whole time. For example, if he works from 8 a.m. to noon, record (1) Daytime. If he regularly works hours that overlap the intervals listed, record both times. For example, if he works on PBS Radio's Morning Edition, his hours may be 4 a.m. to noon. You would record both (1) Daytime and (3) Night. If his hours change from day to day within a week, record these categories. Use (4) Times vary only for situations where he changes shifts from week-to-week or month-to-month.

If a husband/partner has more than one job, he may regularly work at more than one of the times a day indicated on Question 20. Mark all that apply within a week. However, if on one of his jobs, some weeks he works days and other weeks nights, mark (4) Times vary.

Question 22

If a new husband or partner is living in the household, begin Question 22 at "Is he going to school now?" "Going to school" is defined as enrolled in an educational program that normally leads to a degree, certificate, diploma, or the attainment of job-related skills. Taking an evening course in conversational Spanish just for the fun of it does not count as going to school, nor does a parenting class offered by the local hospital. On the other hand, if the baby's father is required by

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his employer to take the Spanish class because he is going to attend a sales conference in Chile, then it should be recorded.

Question 23

The intent of this question is to find out how much time the mother's husband or partner spends doing school work -- time in class plus time spent on school-related work. As a general rule, use the following coding rules for counting hours in school. For high school or vocational school where people enter a building and attend classes for a portion of each day, count the number of actual school hours (e.g., 8:30 a.m. to 3:30 p.m. for five days a week would count as 35 hours). For community college, college, or graduate school, count the number of credit hours in which people are enrolled multiplied by 3 to get an index of involvement with school (e.g., a student enrolled in 12 hours -- which is considered a full-time load -- would be recorded as going to school for 36 hours; a student enrolled for one course of 3 hours credit would be recorded as going to school for 9 hours). Although different types of schools will vary somewhat in their time requirements, these calculations will provide a general index of time spent.

3. Part 6: Feelings and Attitudes about Employment

Questions 24 and 25

Give the mother card (3) while you read the question. Choose the wording (working, not being employed, or going to school) that fits the mother's situation.

Question 26

Give card (4) to mother and ask her to choose the one that reflects how she feels right now. Do not fill in more than one response. If the mother gives you more than one, ask her if the first one mentioned would be "most ideal" for her right now.

Question 27 through 32

Questions 27 and 28 are for mothers not now working for pay, Questions 29 and 30 are for mothers who are now working for pay, and Questions 31 and 32 for mothers who are in school. If mothers are both working and in school, ask which they consider more important to them right now (Checkpoint 6) and ask those questions.

Note that each form includes a question (c) related to the mother's husband/partner, and these should be omitted by the interviewer and scored NA if mother has no live-in husband/partner.

Mothers who are working fewer than 10 hours may object to being classified as "not working". You can show respect for their individual situation by slightly rewording Question 28 to read: "*People choose to limit employment during their baby's first year for different reasons. I'm going to read several reasons that mothers have given us for their decision not to be employed. Some of these statements will fit your situation and others will not.*" The stem for the question should then read: "*I am planning to limit employment in the next year because:*" Those mothers who are working only a few hours a week can then indicate reasons they feel are not relevant to them by responding with 1) Definitely false. Question 27 also needs to be re-worded for mothers working fewer than 10 hours a week, to :"Six months from now, do you expect to be working for pay?"

A similar situation arises when a mother has left her job and is working at home because she wants to be with her baby. She is still employed, as long as she is working for pay. However, if you insert the sentence, "*Some of these statements will fit your situation and others will not,*" you will indicate to mothers that they can respond to those statements which do not fit their situation with 1) Definitely false.

When you are probing for Other responses, if the mother gives you more than one, ask her which was the most influential and record only this reason.

G. Interview Section 3

1. Part 7: Explaining Next Contact -- Time Use Phone Call

At the end of the interview, after the last questionnaire has been administered, give the mother a brief explanation of the next contact, the Time Use interview:

"In a couple of weeks, someone from our office will call you to ask you some questions about what a typical day is like for you. One way of understanding how parenting fits into your life is to get a sample of how a typical day goes for you. We will call you once to find out about a typical workday/weekday (if mother is not employed), and once to ask about a Sunday/non-working day."

IF MOTHER WORKS, WRITE BELOW WHAT DAYS SHE WORKS.

____

"In this interview, we'll ask you to describe what you did the day before, starting at midnight and going through the whole day. We are interested mainly in times that you are at home or with STUDY CHILD, so we will ask for more detail about those times than about times you are not with STUDY CHILD.

On this sheet is a sample interview. You can look it over and it will give you an idea of what it is like."

HAND MOTHER SAMPLE INTERVIEW AND GIVE HER A FEW MOMENTS TO READ IT.

"Does that give you an idea of how this works?" ANSWER ANY QUESTIONS SHE HAS. IF APPROPRIATE, ASSURE HER THAT SHE DOES NOT NEED TO KEEP A WRITTEN RECORD OR PREPARE FOR THE INTERVIEW.

2. Part 8: Debriefing and Address/Phone Number

At the end of the interview, after the last questionnaire has been administered, the interviewer must update addresses and phone numbers. Begin by giving the mother a chance to tell you anything important to her that you haven't asked, and to ask you any questions about the visit or the study.

This is necessary to give the mother a sense that she is an important part of the research process and to give her the chance to express any adverse feelings she may have had about the interview. The interviewer needs to be sensitive to any negative affect in the mother and needs to give the mother a chance to share her feelings. If the mother asks questions about the research hypotheses, try paraphrasing the information in the consent form and two-week phone call.

Some sites may want to introduce open-ended questions here that enable the mother to share with us experiences that the mothers feel are relevant to their lives right now (e.g. social support she is receiving as a new mother, the effect of the birth on siblings, pets, etc.). Such questions may help the mothers feel that we are asking the right questions and are interested in the things that SHE considers important.

Then check to be sure the family does not have plans to move. If there is a chance the family might move in the next few months but no definite address or phone number is available, have a card or letterhead with the project address and phone number printed on it, and ask the mother to contact your office if they do decide to move.

It is very useful to have the work addresses and phone numbers of both mother and father as possible back-up contacts. Usually it is also good to ask if it is OK to call the mother of father at work.

It is vital to have the names, addresses, and telephone numbers of one or two people who will know where the family is. Sometimes you may feel you are pressing the mother a bit to get these back-up contacts. We cannot overemphasize how important it is to have at least one other person who can be called or contacted if the family suddenly disappears with an unlisted phone number or disconnected phone. Therefore, it is worth "pushing" -- politely, of course -- and perhaps explaining that this is a very important study and we want to be sure that the family has an opportunity to be included in all phases of it.

Conclude the interview portion of the visit by saying something like, *"That's all the questions I have for this visit. Thank you very much for your help."*

V. ADMINISTERING THE STANDARDIZED QUESTIONNAIRES

A. General Questionnaire Scripts and Concerns

The printed forms contain two brief introductory sentences to Remind you to explain to the mother what is happening next. You do not have to say these two sentences exactly. So when you reach the first questionnaire section, you say something like "Now I have some questionnaires for you to fill out yourself. You may remember seeing some of these questionnaires before. I want you to fill these out thinking about what is happening right now or how you feel about things at the present time. If you have problems with any of the questions, please let me know".

Be sure to let mothers know that they should ask if they do not know what they are supposed to do. Also point out to the mother that she will blacken in her answer as completely as possible in the appropriate space with the pencil which you will be handing her at this point.

Give the questionnaires to the mother one at a time using some hard writing surface (not a clip board, it wrinkles the Scantron forms). The printed forms contain brief instructions for each questionnaire which you can say out loud (see specific administration information for each questionnaire). These instructions should be read exactly as they are written. However, encourage the mother to carefully read the instructions for herself.

When the mother finishes each questionnaire merely say "thank you," not "that's great" or even "fine". It is common for people to worry that they are doing questionnaires "right" (more about that later), so do not use any evaluative words that make them feel that you are judging whether they did it "right" or not. Also, maintain some physical distance if possible so that the mother does not feel that you are looking over her shoulder. You may want to inconspicuously monitor her just at the first to see that she is starting off correctly.

As you take up the first questionnaire, say something to the mother like "Do you mind if I look quickly at these when you are finished just to see that all the spaces got filled in?" The mother will probably say that is ok, then just quickly scan for blanks. Ask the mother to fill them in if you find missing spaces. If the mother says that she does not want to answer that question, say "fine" and record on the questionnaire log that she refused to answer an item. If she says that she didn't know how to answer an item, ask her for her best answer. If the problem is that she does not understand a word, you can define a word for her (more about that later). If the mother does not want you to scan the questionnaires, ask her if she will quickly scan it for missing items for you. When this is complete (whether you scan it or the mother scans it), place the questionnaire in an envelope so that it is clear to the mother that her answers are now out of sight. If you find missing data when you get back to the office that you did not detect, call the mother as soon as possible and get the missing response by phone.

If it appears that the mother cannot read, or if she is taking a very long time (very poor reading skills), you may offer to help her read. Do this only when you really feel that it is necessary. You can say something like, "We would like you to fill these out yourself, but if there's any difficulty, I will be glad to read the questions to you. I'll give you a moment to look at the forms and see what you think." For this purpose, always take an extra set of the questionnaire forms. Read them to the mother, help her keep track of where you are on the form if necessary, but if at all possible, let her mark her own copy of the form so that her answers are given as confidentially as possible.

If the mother is having trouble doing the questionnaires because she is holding the baby, you may offer to hold the baby while she does the questionnaires. If the mother asks you to read the questions to her, and you know she can read, stress to her the importance of administering these questions in the same way to everyone and that we really need her to read the questionnaires.

As you check over each questionnaire, you will mark on a Questionnaire Log whether blank responses are refused information or if you were unable to check her responses on a particular questionnaire (in which case, it may just be missing data). This log will also have a place for you to indicate whether you had to read any of the information to the mother and whether you suspect that some of the information may be unreliable (e.g. the mother seemed harried and just whizzed through the questionnaire, she didn't seem to understand a questionnaire or certain items well, she couldn't attend well enough to respond, she expressed resistance, kept asking when this would be over, seemed tired of doing the questionnaires and was just trying to get through them and so on).

B. Encountering Unusual Circumstances

Several unusual situations have arisen in piloting. Following are some ideas for dealing with them.

1. The mother asks someone else in the home to help with the questionnaire answers (her husband, her mother, a friend): Politely make it clear to her that we want HER best answer and that in all the families we are asking the mothers to give these answers. So to make it comparable from family to family, we need her to answer the questions without consulting with anyone.

2. The mother is concerned that she doesn't know the "right" answers! Make it clear to her that there are no right or wrong answers, and we want her opinion or best response to the questions.

3. The mother asks you what is meant by "very satisfied" or tries to tell you how she feels and wants you to say whether that is a "very satisfied" or just a "satisfied": You MUST NOT help her arrive at an answer. If she is confused about the question

itself, you can try reading the question to her as it is stated using intonation to try to make it clearer. Give her time to think about it. Allow the mother to be confused, if necessary. Give her a chance to figure it out. If that truly doesn't work you can explain the meaning of a word to her if that is the problem, but she must decide on the answer. So if she says something like, "What would constitute a very satisfied" or "I feel this way, do you think that is very satisfied" or "my baby does this, would you consider that fretful", reply that she must make that judgment; we are interested in what she thinks. Please see the Operations Manual for more specific rules regarding defining words for mothers.

If words are defined for a subject, please be sure that is recorded on the Questionnaire Log (the word that was defined and how it was defined). However, note that defining words is discouraged; defining words early in the protocol will encourage mothers to ask more and more questions. We want to encourage the mothers to use their best judgment. However, in cases in which you feel the mother's response would be invalid because she does not understand the meaning of a word, you may define that word for her. Some suggested definitions are given in the following sections. Try to use those definitions.

4. The mother is filling out the questionnaire incorrectly, for example, by writing down the number of her response, instead of blackening the space: If you see that the mother is filling out the questionnaire incorrectly, stop her and tell her again

what we need her to do. If the mother is marking too lightly, you may want to ask her to make her marks darker. These forms should be checked before going to the data center and responses darkened if necessary.

5. The mother expresses negative feelings about the questionnaires, a particular questionnaire, or a particular question (i.e. says the questionnaires are redundant, silly, trivial, or don't apply to her): You should be accepting of the mother's opinion, but DO NOT convey the impression that you think a questionnaire or a question is dumb, silly, or trivial. DO NOT be defensive and try to defend any specific measure or question. You may want to simply say something like, "Some questions may not be as relevant for you as for other people. Because this is a national study, we will be seeing many different types of families. For some families, this may be a relevant question. Please answer the questions as best you can". If the mother seems offended by any question, supportingly remind the mother that she can refuse to answer any question she wishes to.

6. The mother wants to change the order of the questionnaires or do some and not others: You should tell the mother that we need to do things the same way with each family that we see, so we need her to do the forms in the original order and we want her to do all the forms. However, remind her that if there is anything that she doesn't want to answer, she doesn't have to answer it. If she insists on doing things in a different order,

allow her to complete the forms her way. Indicate on the protocol that the order was changed and how.

7. The mother needs to leave and you haven't finished all the questionnaires or she's tired and wants to stop, but says she will fill out the other forms later and mail them in: You should encourage the mother to finish, but don't push too hard, we don't want poor data. You may leave the remaining forms and a self-addressed stamped envelope (which you should always bring) with the mother for her to mail back. Ask the mother to complete the forms by herself in the order they are given to her. Stress to the mother that you will need to receive the forms within a week. Call to remind her if you have not received them within four days. Pay the mother for the visit only after the receipt of all materials unless it is not her fault that the visit had to be curtailed.

C. Scripts and Problem Solving for Specific Questionnaires

The following sections deal with each questionnaire individually and information/concerns specific to that questionnaire.

1. Form 6B: MY BABY

When you give the mother this questionnaire, use the following script: "*The purpose of these questions is to determine the general pattern of your baby's reaction to the world. For each question, please mark the response by blackening the whole number with your pencil indicating how often you think the* *statement is true for your baby. Although some of the statements seem to be similar, they are not the same, and we would appreciate your response to each question. If your baby has changed with respect to any of the questions, blacken the response that best describes what he/she is doing now. If a questions asks about a situation that your baby has not experienced, you may mark by blackening with your pencil CA, for 'Can't Answer'. There are no good, bad, right, or wrong answers, only descriptions of what your baby does. Let me know if you have any questions about how you are supposed to mark you answers."*

If the mother doesn't understand a question, let her try to figure it out for awhile. If that doesn't work, read it to her using inflection to try to make it clear. If the problem is that she needs a word defined, you can define a word for her if you feel it is absolutely necessary for her to understand the question.

Below are several suggested definitions:

"resists" ... fusses, squirms
"surroundings" ... place, conditions around you
"procedures" ... steps you follow
"requires" ... needs
"occasions" ...times
"vocalizations" ...noises, speaking
"injuries" ... hurts
"initial" ... first
"consistency" ...same each time

"intestinal virus" ... diarrhea, lower tract illness

2. Form 6C: MY FEELINGS

You should use the following script when introducing this questionnaire: "*In this set of questions, you are asked to rate how you have felt during the last week. Please read the instructions at the top of the form before you begin.*" Explain the misprinting if it confuses the mother. However, the designations above the columns are correct, so there should be minimal problems with this misprint.

Below are several suggested definitions if the mother has difficulty with these words:

"effort" ... work, try

"depressed" ... low in spirits

3. Form 6D: PARENTAL CARE

You should use the following script when introducing this questionnaire: "*In this set of questions you are asked to rate how you feel about certain situations regarding parental care. Please read the instructions at the top of the form before you begin.*" If the mother says that a lot of these things have not happened yet, you should point out to her that the instructions say "*as you are feeling now or think you will feel as your child grows older.*" So if something hasn't happened yet, they should respond according to how they think they will feel as their child grows older.

Below are several suggested definitions if the mother has difficulty with these words:

"adjust" ... get used to

"distressed" ... upset

"prefers" ... likes better or likes best

"unfamiliar" ... something you are not used to or have not seen

"soothe" ... make to feel better

4. Form 6E: RELATIONSHIPS WITH OTHER PEOPLE

You should use the following script when introducing this questionnaire: "*This group of statements deals with your relationships with other people. Please read the instructions at the top of the form before you begin.*"

Below is a suggested definition if the mother has difficulty with these words:

"encouraged me" ... gave me confidence or support

5. Form 6G: FAMILY FINANCES

You should use the following script when introducing this questionnaire: "*In this set of questions, you are asked about your financial situation. Please read the instructions at the top of the form before you begin.*" Note that item 6 is answered only if the answer to item 5 is "yes".

6. Form 6H: FEELINGS ABOUT PARENTING

You should use the following script when introducing this questionnaire: "*In this set of statements, you are asked about your feelings regarding parenting. Please read the instructions at the top of the form before you begin.*"

Below are several suggested definitions if the mother has difficulty with the meaning of these words:

"capable" ... able to do it

"control" ... direct, have power over

7. Form 6I: COMBINING WORK AND FAMILY

You should use the following script when introducing this questionnaire: "*This group of statements expresses things people have said about what it is like to combine work and a family. Please read the instructions at the top of the form before you begin.*"

Below are several suggested definitions if the mother has difficulty with these words:

"rewarding aspects" ... good things

"prefer to " ... rather

"resentful" ... annoyed

"conflicting obligations" ... things you need to do at the same time

"competent" ...able to do

8. Form 6J: JOB EXPERIENCES

You should use the following script when introducing this questionnaire: "*These questions ask you about the concerns you experience in your job, as well the rewards. Please read the instructions at the top of the form before you begin.*" Troublesome words have been defined in the section above (Form 7).

9. Form 6K: SELF SCALE

You should use the following script when introducing the questionnaire: "*This group of statements expresses how you feel about yourself and other people. Please read the instructions at the top of the form before you begin.*"

Below are several suggested definitions if the mother has difficulty with these words:

"seldom apprehensive" ... don't often worry
"disgusted" ... dislike a great deal
"emotional attachments" ... close ties
"ecstasy" ... a great deal of joy or happiness

10. Form 6L: MY CHILD CARE

You should use the following script when introducing the questionnaire: "*These four statements ask you about the relationship between your caregiver and your child. Please read the instructions before you begin.*"

VI. AFTER THE STANDARDIZED INTERVIEW AND QUESTIONNAIRES

A. Reviewing the Data Forms

After the visit is completed, look over the entire interview form to make sure that each item was completed and coded properly. In most cases, you should actually be able to check this information while the mother is completing questionnaires. Before posting the data weekly to the DCC, have another interviewer review the forms to be sure they are accurately completed. There are many opportunities for oversights and a second "eagle eye" may spot them.

B. Documentation

After leaving the home, complete the Questionnaire log sheet and the Interviewer Report Form. In most cases, you will be able to complete the Questionnaire Log during the home visit.

VII. ENCOUNTERING UNUSUAL CIRCUMSTANCES

1. The mother wants to change the order of the questionnaire she completes: Tell the mother that we need to keep things standardized and that we need to keep the forms in their original order. If she resists, allow her to complete the forms her way. Indicate on the protocol that the order was changed and how.

2. The mother asks to fill out the written questionnaires at another time and offers to mail them in, or, you/she has to leave before finishing the one month protocol: If you have not

completed asking the information up to the mother's employment section, you should find another time to go back to the home. If you get to this point, however, you may leave the second set of questionnaires and a self-addressed stamped envelope for the mother to mail them back. Ask the mother to complete the forms by herself in the order they are given to her. Stress to the mother, however, that you will need to receive the forms within the week or we will not be able to include her in the study. Call to remind her if you have not received them back within four days. If there are also remaining interview questions, schedule a time to call the mother to complete these questions over the phone. This call should be made within the next working day, if possible.

3. The mother's partner is female: If the mother defines a woman as her partner, then all questions pertaining to partners in the one month interview should be asked with respect to this person. Substitute "she" for "he" wherever this is appropriate.

VIII. APPENDICES

A. Appendix A: Training and Quality Control for the Standardized Interview and Questionnaires

Your actual training program will vary depending on whether the Research Assistants for the 6-month visit have already done the 1-month visits and are familiar with the techniques for the structured interview and questionnaires.

A. Training Experienced Research Assistants

For experienced visitors, we would recommend the following training procedures for the standardized interview and questionnaires. Give each visitor a copy of the Sub-Manual for the Standardized interview and questionnaires and of the interview and questionnaires themselves, and ask them to review everything before meeting. When you meet, discuss any questions they may have about the manual or the protocol. Then have the interviewers role play the interview with each other, taking roles that try out various family situations (mom at home, mom working at one-month and now, mom returned to work at 4 months, single parents). You can also use this meeting to review any questions on which you think your interviewers might need extra practice.

Then, have the interviewers do just the structured interview and questionnaires with someone they don't know (perhaps a family you've used before for pilot-testing), but not one of the formal pilot families -- save them for the "full-dress-rehearsal" of the entire 6-month protocol. Have the interviewers tape-record these interviews, and then listen to them, using the Interviewer Monitoring Form to note any problems. Review these taped interviews with the visitors. If there are no serious problems, proceed to the full-dress-rehearsal.

B. Training New Research Assistants

New research assistants will need a complete orientation to the purpose of the structured interview and questionnaires. We would recommend that you follow the training guidelines for the one-month interview in training new visitors to do the structured interview and questionnaires, especially the role-playing and taped practice interviews. It takes several complete structured interviews before most research assistants are comfortable with the flow of this type of interview, and the guidelines for probing and confirming.

C. Quality Control

We will follow similar quality control procedures for the 6-month structured interview as were used for the 1-month. Two interviews will be completed and certified as reliable before official data collection begins with each interviewer. After that, the interviewer will tape the first interview of each month.

These audiotaped interviews will be scored, using the Interviewer Monitoring Form, by the Site Coordinator, or other person designated to maintain the reliability of the structured interviews. The Monitoring Forms will be reviewed with the visitor. If the visitor scores below 190, or has a score below 10 on any single category on the Form, the interviewer will need to conduct mock interviews until two consecutive interviews reach the 190/10 criterion again. The first two "live" interviews they do after this should also be audiotaped and scored using the Monitoring Form.

In addition, EVERY interview and questionnaires will be reviewed by someone other than the visitor conducting the interview to ensure that data is recorded correctly and that answers are coded accurately. We recommend that visitors review each others interviews, we find this alerts them to the types of errors that are easily made in this kind of a protocol.

D. Cross-Site Reliability

We will follow the procedures used for the one-month protocol. The Site Coordinator, or other person responsible for scoring the visitors' interviews on the Interviewer Monitoring Form, will receive a packet of criterion Interviewer Monitoring Forms, tapes and interviews to use to establish their reliability.

B. Appendix B: Specific forms

1. Questionnaire log

QUESTIONNAIRE LOG
FOR SIX-MONTH HOME INTERVIEW

ID NUMBER						REL
0	0	0	0	0	0	0
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9

This log sheet is to be filled out when you review the mother's questionnaires, either during the home visit or afterwards. For each form, indicate whether you were able to check for missing information during the home visit, whether the mother refused to answer any items, whether any blank information should be considered missing (i.e. you could not verify with the mother that the information was a refusal or not), whether you had to read the form to the mother, and whether you suspect the reliability of the information the mother gave on a particular form (see operations manual). In the comments section, detail which items were refused or missing and any circumstances which lead you to suspect the reliability of the information.

Form	Checked during Home visit?	Refusals?	Missing Info.	Read Aloud?	Reliable?
6B	Y N	Y N	Y N	Y N	Y N
Comments:					
6C	Y N	Y N	Y N	Y N	Y N
Comments:					
6D	Y N	Y N	Y N	Y N	Y N
Comments:					
6E	Y N	Y N	Y N	Y N	Y N
Comments:					
6G	Y N	Y N	Y N	Y N	Y N
Comments:					
6H	Y N	Y N	Y N	Y N	Y N
Comments:					
6I	Y N	Y N	Y N	Y N	Y N
Comments:					

Interviewer No. |_|_|

Form	Checked during Home visit?	Refusals?	Missing Info.	Read Aloud?	Reliable?
6J	Y N	Y N	Y N	Y N	Y N
Comments:					
6K	Y N	Y N	Y N	Y N	Y N
Comments:					
6L	Y N	Y N	Y N	Y N	Y N
Comments:					
	Y N	Y N	Y N	Y N	Y N
Comments:					
	Y N	Y N	Y N	Y N	Y N
Comments:					
	Y N	Y N	Y N	Y N	Y N
Comments:					
	Y N	Y N	Y N	Y N	Y N
Comments:					

2. Interviewer Report Form

Instrument Time Frame________________________

VISITOR'S INTERVIEW REPORT FORM

Time Started________________________________ Date of visit__________

Time Stopped________________________________

Was the visit terminated? Yes_____ No_______

If yes, what was the last item answered:______ Page number___

What plans were made for completing the interview:

Scheduled another visit	1
Questionnaires to be mailed	2
Other_____________	3

1. Who was present during the interview.
   Circle all who apply.

The Mother	1
The Child's Father	2
The Child's Grandmother	3
The Study Child	4
The Child's Siblings	5
Other (Specify relationship to mother)__________ ______________	6

2. a. Who participated in answering the questions during the interview?
   Circle all who apply.

The Mother	1
The Child's Father	2
The Child's Grandmother	3
Other (Specify relationship to mother)__________ ______________	4

ID No. |_|_|_|_|_|_| Interviewer No. |_|_|

b. For which questions did anyone other than the mother provide information?

3. In your judgment, did this visit/interview give data about the usual circumstances in the home?

yes	1
no	2
not sure	3

4. Describe any significant extenuating circumstances that may have made this interview unusual.

5. Mother's comments following interview (when you ask her if she has any questions or comments).

6. Visitors comments:______________________

7. Describe any significant problems or concerns noted during the visit.

Instrument Time Frame____________________________

DO NOT SEND TO THE DCC

8. Did the mother reveal any personal problems, request any resource information or a referral, or ask to speak with the PI regarding personal problems?

____ yes ____ no

If yes, please describe the following:

Nature of Problem: ____________________________

What did she request?: ____________________________

What did you tell her?: ____________________________

What post-visit action was taken (i.e., resources given to mother, referral, phone call from PI)? ____________________________

214

3. Interviewer Monitoring Form

Instrument Time Frame____________________

INTERVIEWER MONITORING FORM

Family ID#________________________________ Date____________________

Interviewer________________________________ Evaluator____________________

Total Score____________________

1. **READS** questions exactly as written, unless confirming information already known. Comments, questions with problems:

____

____

____

__________SCORE__________

(20)	All Correct
(15)	1-2 Incorrect
(10)	3-4 Incorrect
(00)	5 or more Incorrect

2. When **CONFIRMS** information, uses meaning-containing words in original question. Comments, questions with problems:

____

____

____

__________SCORE__________

(20)	All Correct
(15)	1-2 Incorrect
(10)	3-4 Incorrect
(00)	5 or more Incorrect

3. **DEFINES** words only when necessary, and notes words so defined in log. Comments, questions with problems:

____

____

____

__________SCORE__________

(20)	No words needed to be defined
(20)	Defines only when necessary and logs
(10)	Defines when not necessary 1-2 times
(10)	Doesn't note definitions in log
(00)	Defines when not necessary 3 or more times

4. **RECORDS** Respondent's answers correctly. Comments, questions with problems:

____

____

____

__________SCORE__________

(20)	No errors in recording
(10)	1-2 incorrect
(00)	3 or more incorrect

5. **CODES** (Part 6: Questions 66, 76, 78, 82, and 84) occupation reliably (i.e., interviewer coding agrees with your coding.) Comments, questions with problems:

____

____

____

__________SCORE__________

(20)	Agreement on all occupation codes
(20)	Disagree on 1 occupation code
(10)	Disagree on 2 occupation codes
(00)	Disagree on 3 or more occupation codes

ID No. |_|_|_|_|_|_| Interviewer No. |_|_| Page 1

BEST COPY AVAILABLE

6. **FAILS** to probe when necessary.
Comments, questions with problems:

____
____
____

____________SCORE__________________

(20)	Never
(15)	Once
(10)	2-3 Times
(00)	More than 3 Times

7. **PROBES** nondirectively and appropriately.
Comments, questions with problems:

____
____
____

____________SCORE__________________

(20)	No probing Needed
(20)	All Correct
(15)	1-2 Incorrect
(10)	3-4 Incorrect
(00)	5 or More Incorrect

8. **SKIPS** incorrectly. (Do not count as incorrect skips those occasions when the proper skip is complicated, e.g., there is a question about whether respondent was "employed" for purposes of the study. Interviewer should collect all data in these circumstances so that PI can determine which skip pattern to use.)
Comments, questions with problems:

____
____
____

____________SCORE__________________

(20)	Never
(10)	1-2 Wrong
(00)	3 or more Wrong

9. **FEEDBACK:** Inappropriately personal or evaluative of answers.
Comments, questions with problems:

____
____
____

____________SCORE__________________

(20)	Never
(10)	1-2 Times
(00)	3 or more Times

10. **TRAINING:** Explains respondent's role and tasks when needed.
Comments, questions with problems:

____
____
____

____________SCORE__________________

(20)	Yes, when needed, or well
(20)	No, no training needed
(10)	Yes, but could have done better or more
(00)	No, failed to train when needed or did poorly

11. **PACE:**
Comments, questions with problems:

____
____
____

____________SCORE__________________

(20)	Paced appropriately for respondent
(10)	Too slow for respondent
(00)	Too fast for respondent

Adapted from Fowler, Jr. and Mangione (1990)

4. Response cards

CARD 2. ANNUAL AND MONTHLY INCOME CATEGORIES
(Same income card as used for one-month interview)

CARD 3. FEELINGS ABOUT EMPLOYMENT (CODES FOR WORK/SCHOOL ATTITUDE 1 month)

1. Very dissatisfied
2. Somewhat dissatisfied
3. Have mixed feelings
4. Somewhat satisfied
5. Very satisfied

CARD 4. IDEAL SITUATION (CODES FOR IDEAL WORK/SCHOOL SITUTATION 1 month)

1. Work full time
2. Work part time
3. Go to school full time
4. Go to school part time
5. Combine work and school full time
6. Combine work and school part time
7. Be at home full time

CARD 8. REASONS FOR LEAVING EMPLOYMENT

1. Employer reasons -- laid off or fired, job ended, business closed
2. Not happy with job situation, looking for or found a better job
3. To go to school
4. Mother's health reasons or concerns
5. Baby's health reasons or concerns
6. Child care problems -- arrangements not working out, provider quit, care too expensive
7. Wanted to spend more time with baby
8. Work-family demands in conflict
9. Other -- please describe

CARD 9. REASONS FOR LEAVING SCHOOL

1. School reasons -- graduated, ended course, school closed
2. Not happy with school situation, changed to a different school
3. To go to work or look for a job
4. Mother's health reasons or concerns
5. Baby's health reasons or concerns
6. Child care problems -- arrangements not working out, provider quit, care too expensive
7. Wanted to spend more time with baby
8. School-family demands in conflict
9. Other -- please describe

CARD 10. INFLUENCES ON EMPLOYMENT DECISIONS

1. Definitely false -- did not influence my decision at all
2. Mostly false
3. Uncertain
4. Mostly true
5. Definitely true -- influenced my decision a lot

5. Sample Time Use Interview

SAMPLE TIME USE INTERVIEW

Caller: "What were you doing right after midnight yesterday?"

You: "I was asleep until 7 a.m. Then I woke up and went downstairs to start breakfast."

Caller: "How long did it take you to make breakfast?"

You: "Oh, it took me about 15 minutes."

Caller: "Was your baby with you when you were making breakfast?"

You: "No, the baby was not with me."

Caller: "Was the baby in the same house as you?"

You: "Yes, she was in her room sleeping."

Caller: "What did you do next?"

You: "I went and got the baby up and started feeding her breakfast."

Caller: "How long did it take you to feed her breakfast?"

You: "About 30 minutes."

Caller: "Was there anyone else was with you?"

You: "Yes, my husband came down and had breakfast with us."

Caller: "Were doing anything else at the same time -- like talking, reading, watching TV, listening to the radio, and eating?"

You: "Yes, I was talking to my husband and eating breakfast myself."

Caller: "And then, what did you do?"

Chapter 9

Section 3

SUB-MANUAL FOR THE SIX MONTH HOME INVENTORY

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Chapter 9

Section 3

SUB-MANUAL FOR THE SIX MONTH HOME INVENTORY

I. OVERVIEW

The information needed to score the HOME Inventory is obtained by having a Visitor go into the child's home and observe the mother interacting with the child and, in addition, interviewing the mother for information pertaining to other significant aspects of the family's interpersonal and physical environment. The general instructions given here are gender-biased, as it is assumed that most Visitors will be women. Care should be taken to ensure that the mother will not feel in any way "on trial." The interview should follow the tenets of all good human service interviewing and should be relaxed, non-judgmental, and friendly in tone.

In this manual suggestions are given for dealing with problems which occasionally arise in administration of the Inventories: restless or seemingly hostile parents, apparent dissembling, need for the parent to talk about other problems, presence of other children, etc. These suggestions have been based on users' experience and have profited from input offered by many persons in the field who have used HOME over the past 20 years.

Scoring of the Inventories is always binary and has been developed so as to maximize validity, simplicity, and feasibility. It is done quickly on the spot, and no clinical interpretation is required after the visit.

II. BASIC CONCEPTS

The acronym chosen for our Inventory--**HOME** (Home Observation for Measurement of the Environment)--effectively expresses many of the major concepts underlying its development and represents some of the skills that will be needed by any person who uses it:

A. Home

The data to be gathered are collected in the child's home, not in an office or laboratory. The HOME endorses a reaching out philosophy which communicates to the family, "This time I have come to you; you do not need to come to me." It also subscribes to the philosophy that you can truly appreciate a child's behavior and development only if you have experienced the child's most intimate and powerful environment first-hand. A home visit provides a richness of detail and a complexity of interchange that no interview can fully reveal.

B. Observation

Scoring for many of the items is based on what is observed during the visit, so obviously the HOME Visitor must be a good observer. Most of us think we are good observers, but often come away from a conversation with another person unable to report the color of that person's eyes or hair. Some concentrate so effectively on small details that aspects of the background are totally lost. One thing training in the use of HOME will do is help the user become a better observer of some of the small transactions between children and their parents. Moreover, persons who are good observers have a head start in becoming proficient users of the instrument.

C. Measurement

The HOME is not just an informal data gathering process; it is a systematic measurement of the family environment. The measurement philosophy of HOME recognizes that skilled observation alone is not enough to allow a procedure to be useful for research purposes--or even for some clinical or educative purposes where precision of information is essential. Always there remains the onerous task of somehow converting the observations into quantifiable units. In the HOME we have used the simplest possible measurement system (counting) and the simplest type of item (binary). By observing whether certain events occur (parent praises child) and, if so, how often (at least twice), and then simply counting up the total of the designated behaviors, the amalgam of impressions and feelings is translated into a unified measurement system. For some clinical uses of the Inventory, one could stop short of this step; for research purposes, however, a commitment to measurement is necessary. When working with a family, one is sometimes tempted to fall back on general impressions or feelings about the family. There is an urge to give "credit" to families we like or feel empathy for. Lost in this process is the value of careful, objective description--the kind of information that leads to fuller understanding and more effective planning in behalf of the family.

D. Environment

Although the Visitor goes only to the child's home, in the process an effort is made to appraise the quality of the broader developmental environment. Certainly during the early years, home and family constitute the most important environment that exists for most children. However, information is obtained in the course of the visit which helps to give a picture of the milieu in which the child's home environment is embedded and the extent to which home experiences are strengthened by outside contacts likely to be meaningful to the child (e.g., trips with family members to grocery store, visits with relatives).

These four components--actual visits to the **home**, a preference for **observation** as a means of obtaining information, a commitment to **measurement**, and a recognition of the importance for development of the **environment**--represent the major vectors of the philosophy which guided the development of the instrument.

III. THE HUMAN SERVICE INTERVIEW

One important aspect of the procedure which is not covered by the acronym HOME is the interview that is necessary to obtain information to score some of the items. On the Infant-Toddler form of the Inventory, approximately one-third of the items will require supplementary interview data (although sometimes the visitor will have to ask questions about some of the toys, all of which may not be visible during the visit). Thus, an essential skill for persons who will use the HOME is good interviewing technique.

Much has been written about interviewing in human services, and anyone without training and experience in interviewing should begin by reading some of the widely used materials (Garrett, 1958; Shulman, 1978). Of particular help would be a document such as the Interviewer's Manual published by the Survey Research Center of the University of Michigan (1969). The anonymous authors of this widely used manual remind us that interview respondents must (a) find an interview pleasant and satisfying, (b) consider it important and worthwhile, and (c) not regard it as something to be feared or that might result in personal harm (e.g., a damaging report to the Welfare Department). Although these precautions were written with survey research in mind, users of the HOME can profit from them.

Although the interview is an important part of the HOME Inventory procedure, it is not the only part. Accordingly, we do not refer to the people who make the visits as **interviewers**; rather, we have called them **Visitors**. In order to remain consistent with our acronym we might have called them observers, as observation is a crucial part of their task. However, that term seemed to us both a little intrusive and a bit pretentious.

Thus we have settled on a term that aptly describes what we hope will be the tone of the HOME assessment--a friendly person visiting in the home, talking to a mother about her child.

In our experience it is rarely difficult to convince parents that this kind of visit is worthwhile. The talented Visitors who have worked with us have typically made the experience so pleasant that only rarely has any sort of suspiciousness or unpleasantness developed in relation to a visit. In fact, it is not unusual to have a mother come up to one of us at a public meeting and say something like, "Does Mrs. X still work with you? I used to love it when she came to see me when Y was a baby and we talked about things I did and toys I had bought." Such chance encounters offer evidence that our procedure is generally a pleasant and memorable one. Perhaps the greatest evidence of the comfort that most families feel is that over 99% agree to a second visit.

In spite of the impressive amount of informal evidence we have that a HOME visit is a pleasant and even cherished experience for many mothers, some professionals--almost always in advance of actually trying it out--seem to consider it an aversive procedure. They say things to us like, "People don't like to have anyone coming into their homes, snooping around to see how they raise their kids." Our recommendation is that anyone who feels that way should not use the procedure. It is quite likely that such feelings will be communicated to the parent and distort what should be a personally satisfying and professionally helpful procedure.

IV. ASSUMPTIONS ABOUT EFFECTS OF THE VISITOR'S PRESENCE

The Inventory is administered by having the Visitor go into the home at a time when the child is awake and engaged in a reasonably representative routine for that time of day. No assumption is made that the presence of the Visitor in the home will not in some way distort the parent-child interaction. Furthermore, no assumption is made that the degree of distortion will be constant from one home to the next. However, it is assumed that with an increase in the time that the parent and the Visitor are together, it will become progressively more difficult for the parent to inhibit ordinary reaction tendencies. Furthermore, the Inventory contains many non-interactive items, the scoring of which is less dependent on what the parent does or says during the time of the visit than on conditions that preceded and will presumably follow the visit.

V. GENERAL INSTRUCTIONS FOR ADMINISTRATION OF THE HOME

The scoring of the HOME will be based upon everything that is observed during the home visit, from entering the house until leaving, with the exception of the structured videotaping. The videotaping will be omitted from consideration because it requires that the mother focus her attention on the baby and interact in specific ways. This scenario could be very different from the way in which the mother might respond to her baby during the normally instructured HOME, thereby altering the score.

As already indicated, HOME items are sometimes based on information supplied by the parent and sometimes on direct observation of what transpires during the visit. Sometimes with older children, the information actually comes from the child. The Visitor will be observing and interviewing at the same time, but the instructions can be simplified if these two aspects of the procedure are separated for discussion.

A. The Interview

We do not recommend a standard interview for eliciting the information necessary to score the items which require information that cannot be obtained by observation (e.g., whether child is taken to grocery store). We do, however, recommend one standard feature--good interviewers. A good interviewer is a person who can be at ease in the situation, can put the mother at ease, can easily adjust subsequent questions to responses of the mother, and can ask questions in such a way as to avoid putting the parent on the defensive and thereby causing the parent to second-guess the Visitor as to what is the "right" or "expected" response. The Visitor's goal is to be objective and accepting as opposed to approving or disapproving. This is essential if she is to find out how the parent feels and what the parent does with her child rather than what the parent thinks the Visitor wants her to say.

Before actually trying to conduct an interview, it is important to be completely familiar with the items. This will help the Visitor be more relaxed and will help the person with whom she is talking feel less "on stage." (see later section on Training).

B. General style

Obviously the Visitor must be careful not to ask questions in a threatening or judgmental manner. For example, rather than ask, "*Do you ever read stories to your child?*" it is preferable to ask, "*Do you ever manage to find time to sit down and read to her?*" If the mother answers affirmatively, the Visitor can explore further by inquiring, "*How often does he like you to do that?*" You will note here that the burden of frequency is put on the child, not the parent; however, in her answer she will inevitably describe her own behavior, e.g., "*He would like me to sit and read to him all day, but I can't do that. I tell him, 'I've already read to you, and one book a day is enough!'*"

Although it is a good idea to develop techniques for avoiding seemingly accusatory questions, the Visitor should not be so concerned about subtle wording as to ask the question in a way that will elicit tangential and irrelevant answers to the items as worded. Reassurance for timid Visitors should be found in the fact that most mothers believe that what they do with and to their children is for the children's own good, and they often report with pride actions that you might expect them to try and conceal.

C. Starting the HOME

A good technique for beginning the interview, and for helping the mother to relax, is to ask her to describe a typical day in the home, using something like the following statement:

"You will remember that we are interested in knowing the kinds of things BABY does when she is at home. A good way to get a picture of what her days are like is to have you think of one particular day--like yesterday--and tell me everything that happened to her as well as you can remember it. Start with the things that happened when she first woke up. It is usually easy to remember the main events once you get started."

If the mother cannot get started, help her with questions like, "*Was she the first one to wake up?*" The Visitor should jot down notes during the interview. If the parent asks why the Visitor is taking notes, reassure the parent that it is being done "to help my memory" or "to keep me from losing track." Most parents run through the recital of a day's events in about five minutes. Although this procedure is designed more to warm up the mother than to provide specific information, she may in the course of her narration supply spontaneously the information needed to score several items, e.g., "*We went over to my mother's and I had to whip him twice for getting into her cabinets.*"

Please note that for the purposes of the common protocol this method of initiating the HOME procedure will be required. Keep in mind that its purpose is to set the stage for a **comfortable interchange:** one which is not artificial, ritualized, or like a teacher asking students a series of questions.

D. Areas Covered in the Interview

Much of the information necessary to score the Infant-Toddler form can be obtained with only four broad probes. These deal with (1) trips out of the home and visits into the home, (2) toys and learning materials that are available to the child, (3) the daily family routines, and (4) training and discipline.

In the event the interview has occurred in a part of the apartment or house (perhaps the kitchen) that does not allow the Visitor to see the other parts of the living quarters, a few miscellaneous questions will permit the remaining information needed to score the Inventory to be obtained (like whether the child has ten books or whether the total living environment is safe from hazards). Seeing other major parts of the house (such as the child's room) is desirable, though not necessary. However, the Visitor must exercise sensitivity in determining whether to ask the parent to see other rooms in the house or apartment if the mother does not volunteer a tour.

Most of the information necessary to score the Inventory will flow forth fairly smoothly without the use of precisely worded probes. It is better to get the information as the parent provides it rather than through the use of an invariant interview procedure. However, it is important to check each item before leaving the home. It is very easy to think that you have obtained all the necessary information, when actually you omitted some items. The single most common mistake made in using the **HOME** is that the Visitor **does not get enough information** to score all the items. We feel that it is advisable to call the mother's attention to your checking of the items rather than have her make an inquiry about it. A simple statement such as, "*I'm jotting this down because if I don't I tend to forget some of the things you tell me,*" will usually handle the situation nicely. Parents know you are there to learn about the child, so they are rarely concerned that you take notes or check your information before leaving.

E. When to complete coding

It is advisable to complete the coding of the Inventory before leaving the house; **do not trust your memory**. If possible the Visitor should complete the HOME form while the mother fills out her questionnaires.

While the mother is filling out the 6-month questionnaires, make certain that all areas requiring a score have been covered. This time will also give the Visitor an opportunity to be a close observer during a period when she does not have to worry about what question is to be asked next. During this time the Visitor should also check all items that are based on observation only. Before leaving the home, the Visitor should have placed either a plus or minus mark alongside every item on the Inventory.

F. Exceptions to Standard Procedures

Whenever one tries to define standard conditions under which procedures should be carried out, one immediately has to face the inevitability of more exceptions than standards. Such has certainly been the fate of the HOME. In designing the instrument we opted for binary (either-or) choices rather than ratings along a continuum, for arbitrarily selected cutting points ("...no more than one instance of physical punishment occurred during the past week") rather than estimates of quantity and severity ("...uses physical punishment extensively, moderately, minimally"). We hoped thereby to eliminate a great deal of the subjectivity ordinarily associated with similar inventories. Accordingly, with each revision the items became more and more concrete and, we hoped, objective. However, significant objectivity for one family reads "does not compute" for another.

For example, many of the items begin "Parent does..." something or other (reads to child, encourages developmental advance, provides toys, etc.). As discussed earlier, this choice of wording reflects the orientation that the parent--most typically the mother--is indeed an important person in the life of the young child and will be the major interpersonal influence on the child's development. Of course, this does not mean that the parent will supply all the care provided the child. For example, in homes with older siblings, many of the activities covered by Inventory items might occur in the life of the child but might be provided by an older brother or sister. Some mothers have responded to items such as "Parent reads stories at least three times weekly," with a statement such as, "I don't, but the older kids do."

The frequency with which such exceptions occur requires the articulation of an overriding principle which will help the user make decisions about the scoring of individual items. **The intent of the assessment procedure is to get a picture of what the child's world is like from his or her perspective--i.e., from where the child lies or sits or stands or moves about and sees, hears, smells, feels, and tastes that world. If that principle is kept in mind, then the Visitor will not have to split hairs to score some of the items**. The Inventory is attempting to assess the home environment from the perspective of the child and is not exclusively appraising the caregiving abilities of the mother. Toys bought for an older child but made available to the key child can still help in the acquisition of eye-hand coordination. Books read by an older child still foster language acquisition. In order to obtain an accurate picture of the home environment, it is critical that we learn a great deal about the input supplied by the parent(s). However, a still broader portrait of the supportive qualities of the home can be obtained by evaluating each exception in terms of the simple question: What is in it for the child?

G. The Observations

Throughout the session, the Visitor will be observing the behaviors of the caregiver and those aspects of the physical environment which comprise Inventory items. However, it is not a good idea to wait until the interview is completed to try and make a decision as to whether the behavior has actually occurred. Familiarity with the items and with the level or quantity of behavior chosen to designate success (e.g., kisses child once, verbalizes twice, etc.) leads to a general alerting on the part of the Visitor to such behaviors as they occur. A notation should be made on the Inventory form as quickly as possible. The recommended review of the Record Sheet at the end of the interview provides an opportunity to make certain that you have indeed paid careful attention to the kinds of behavior referred to in the observation items. The Visitor may have forgotten to praise the child in order to note the parent's response. If so, a quick check of the Record Sheet will serve as a reminder to set up the situation so that the parent's repsonse can be observed.

Some people who use the Inventory have reported that they feel frustrated in making their observations for the interpersonal items because the really outstanding parent--the mother who verbalizes to the child 20 times during the visit rather than twice, the one who glows rather than smiles when the child is praised--does not receive a higher score than the one who is barely above the cutting point. In defense of this perceived weakness of the instrument, we offer a reminder of the major reason behind the development of the Inventory--the identification of at-risk environments where both the children and the parents could benefit from carefully planned intervention. The videotaped observational procedures in the six month home visit are designed to assess more finely the qualities of mother-child interaction, so this information will not be lost.

One final word should be said about reliance on observation versus interview for the items relating to play and learning materials in all versions. It was originally intended that these be observational rather than interview items. In most cases, this is how the items are scored. However, the visit usually takes place in the living area of the home or apartment, and frequently toys are not stored in this area. As long as the child is present during the session (which is de rigeur), certainly some toys will be brought in for the occasion. Furthermore, they will most likely be the ones which the parent feels are "good for the child" and will be the very ones the Visitor will need to observe. However, it is acceptable to ask about other categories rather than demand to see the objects. If for any reason the Visitor feels that the parent is not clear on the type of toy asked about but says that she has bought one for the child, the Visitor might ask her to get it and let the child show how he or she uses it. This can easily be handled with good taste in such a way as to cause no discomfort to either the parent or the Visitor.

H. Debriefing

The HOME is one of several procedures in the Six Month Home Visit. Keeping in mind that there will be an additional interview and questionnaires given in this same visit, we would recommend that a significant time for debriefing or wrap-up comments not be taken following each procedure but be concentrated at the end of the visit. However, it is important to make certain that the parent has not in any way been upset by the HOME interview. Therefore, a few pleasantries or general questions as well as the introduction of the next portion of the visit should be used and will serve as a debriefing opportunity for each procedure.

When all HOME items requiring interviewing have been covered, make the transition to the videotaped observation by saying something like the following:

"That's all I need to ask you about for now, but we'll have an opportunity to talk some more about BABY's experiences a little later on in my visit. This looks like it will be a good time to set up the videocamera to film BABY."

VI. INDIVIDUAL ITEM INSTRUCTIONS

For the experienced user of the HOME, the wording of the items on the Record Form will stand alone. However, until a potential user is completely familiar with the procedure, some amplification of precisely what is intended by each item is necessary. Such amplification for all items on the Infant-Toddler HOME is provided in this chapter. Because of their simplicity and binarity, the items are about as unambiguous as any scale developer can hope to achieve. However, language being what it is, some residual ambiguity is inevitably present in any abbreviated description of complex interactions or events. Accordingly, we have attempted to clarify precisely what is meant by each item in order to enhance reliable use of the Inventory.

As the Infant-Toddler HOME was the first version of the Inventory developed and standardized, it has also probably been more extensively used than any other version. Accordingly, over the years we have had the benefit of questions and suggestions from countless distal colleagues as to ways of amplifying the item descriptions in order to achieve maximum clarity and minimal ambiguity. In the material to follow, we have assimilated these suggestions into our own in hopes of facilitating ease and reliability of use of the Infant-Toddler HOME. The items are discussed within their subscales in the order in which they appear on the Record Form.

A. Responsivity

This factor is defined as describing the extent to which the parent responds to the child's behavior, offering verbal, tactile, and emotional reinforcement for desired behavior and communicating freely through words and actions. Some of the items which loaded on this factor are based on responsivity of the parent to the Visitor rather than directly to the child. Obviously such items are based on the assumption that the parent's style of responding to the Visitor will reflect habitual patterns of social response and will therefore predict interaction modes between parent and child.

1. Parent spontaneously vocalizes to child at least twice

   "Vocalizes" refers to any sound or words emitted by the parent except scolding or chastising. For example, she may say, "S-s-s" or "Sweet baby," or any random words or sounds. In order for this item to be scored positively, the mother's vocalizations must have occurred spontaneously as opposed to having occurred in response to some vocalization by the child. If the mother scolds or derogates the child repeatedly (i.e., far more than twice) but does not otherwise converse with him or her, this item should be scored negatively.

2. Parent responds verbally to child's vocalizations or verbalizations Again the parental response may be either a complete word or words or merely clearly differentiated sounds, e.g., "ta-ta"; "tsk-tsk," or "You talking to Mommy?" The key factor here is that the parent is responding to the child's vocalization, not ignoring it. If the child does not vocalize during the interview, thereby denying the mother an opportunity to respond, the score would still be "No."

3. Parent tells child name of object or person during the visit

   The mother does not have to say, "That's an apple," or "We call this a purse," in order to obtain credit on this item. What is being measured here is the adult's sensitivity to the child's search for labels of objects around him. Credit for this item may be earned by a pattern of emphasis with the voice. For example, "Do you remember Miss Jones?" referring to the Visitor. She has "taught" the word with her intonation and supplied a referent for the child.

4. Parent's speech is distinct, clear, and audible

   A positive score on this item is determined by whether the Visitor is able to understand what the mother says. This item should not be interpreted as meaning that dialect usage mandates a negative score.

What is important is whether the Visitor can understand and communicate with the mother.

5. Parent initiates verbal interchanges with Visitor

In order to be credited on this item the mother must demonstrate some initiative in asking two or three questions or making spontaneous comments that go beyond the bare minimum needed to give an answer. It is not necessary that she do this on all questions; however, occasionally she should take the initiative in the conversation and be a little wordy.

6. Parent converses freely and easily

In order to receive credit on this item, spontaneity is not as important as fluency. That is, the mother will be talking about things that are very close to her, and it should be very easy for her to express her ideas on this subject. A "No" would be given to a person who tends to speak in one word sentences or to use headshakes. An occasional exception would not earn credit; the characteristic speech pattern should be noted.

7. Parent permits child to engage in "messy" play

This item was developed as one that should cluster with others in the general category of acceptance. However, it had a higher loading on this Responsivity factor and has accordingly been placed here. Certainly the parent who manages to allow a little messy play without getting too upset is responding emotionally in an appropriate manner. To be given credit, a mother does not have to disavow concern with wanting to see such behavior disappear from the child's repertoire; she must merely be willing to tolerate it occasionally. Included may be such things as playing with sand, mud, water, fingerpaints, or, for young babies, food.

8. Parent spontaneously praises child at least twice

In scoring this item, do not hesitate to read the parent's affect--any achievement reported with pride should count (can dress himself, has a good disposition, etc.). However, occasionally a mother will indicate approval of her child's behavior by making what appears to be a negative statement--"I tell you, this kid is really bad." If she says that with a smile on her face and immediately follows the statement with some rather remarkable achievement--"Would you believe he climbed out of his crib, got his bottle, and climbed back in all by himself?"--from which one can obviously infer that she is proud of him, then consider this one instance of praise. Do not credit this kind of semantic reversal if it stops with the negative term; score only if some proof of positive feeling is offered, and only if the compliment is spontaneous.

9. Parent's voice conveys positive feelings toward child

What you are looking for here is evidence that the parent feels good about her child--sounds animated when speaking about him or her, does not use a flat or querulous tone of voice, etc. Generally the comments will be accompanied by positive facial expressions.

10. Parent caresses or kisses child at least once

Under "caresses" would be included a hug, a stroke of the hair, patting an arm or leg, reaching out affectionately and touching the face, etc. Blowing a kiss as well as actually establishing physical contact may be counted as a kiss. Simply touching a child does not constitute a caress.

11. Parent responds positively to praise of child offered by Visitor

In order for the parent to earn credit on this item, the Visitor must remember to offer some praise of the child. Make certain that your praise is genuine--i.e., do not try to force praise that you do not feel as you look at the child. Usually you will have no trouble deciding how to score this, as a parent might agree with you, add more facts to encourage you further, beam, etc. However, sometimes you will get little more than a "Thank you" said without feeling or an embarrassed smile. If so, find more than one occasion to praise the child. If you consistently get a response that shows no feeling or pleasure, then score negatively. Be alert to observe the parent's facial expression when you praise the child.

B. Acceptance

This factor covers parental acceptance of less than optimal behavior from the child and the avoidance of undue restriction and punishment.

12. Parent does not shout at child

A positive score on this item requires that the parent not raise her voice to a level above that required by the distance between her and the child.

13. Parent does not express overt annoyance with or hostility to child

A mother would receive a minus score on this item if she complains that the child is hard to take care of, that he is wearing her out, if she calls him "bad" without the affectionate joke described above, says he will not mind, and so on. Examples that would fail to receive credit would be remarks such as, "I don't know what I"m going to do with this kid," or "This kid is driving me up the wall." A mother might tell a child to stop doing something several times during the interview and still be credited for this item if her general tone is positive.

14. Parent neither slaps nor spanks child during visit
Occasionally a visitor will feel that she does not know whether a mother is playing with or seriously slapping or spanking a child. The best guide to use in such instances is the child's behavior. If the child reacts with pleasure or happiness, chances are this represents a style of positive interaction between her and her mother. If she frowns or looks unhappy or whimpers or cries, you can feel pretty confident that, however the mother intended it, she does not perceive it as pleasurable. Score "minus" accordingly.

15. No more than one instance of physical punishment during past week
Most parents define physical punishment as spanking; some apparently seem to regard it as true punishment only if something other than the hand has been used. Some parents regard restraint and shaking a child also as involving physical punishment. Our definition includes all of the above, even if the parent has a different idea (i.e., doesn't count unless a paddle or belt is used). If the child is hit, shaken, pushed against a wall or object,

paddled, or just poked hard with a finger, score as physical punishment.

16. Parent does not scold or criticize child during visit
This item is obviously similar to #13 above.
However, the main difference is that on this item the parent must make the negative remark directly toward the child. That is, "You are a bad girl," not "She (speaking to Visitor) is a bad girl." If such a remark occurs one or more times, score "-"; otherwise score "+."

17. Parent does not interfere with or restrict child more than three times during visit
Restrictions and interference here refer to such things as: taking a toy away from a child; putting a child who has climbed up on the sofa back down on the floor; putting a child who is crawling around the floor into a playpen or crib; slapping a child as he starts to pick up the Visitor's handbag. In the last instance, the item would be applicable to both items #17 and #14. The restrictions may also be verbal--"Stop that"; "Get out of there." Do not code as interference any action taken to prevent the child from harming herself (e.g., running into the street).

18. At least ten books are present and visible
This item, and the one to follow, appear less faithful to the intent of the Acceptance factor than

the others. Yet a post hoc explanation is always possible. Having books when there is a toddler present always poses a slight risk of having them torn or damaged, so their presence and availability identifies at least a willingness to cope with the child's curiosity and exploratory behavior--a clear form of acceptance. The same can be said for having a pet. A manipulable pet in the household of a toddler runs a definite risk! Parents who allow this are clearly being accepting of immature behavior. The word "visible" was added to this item to make it an observation and not an interview item. However, being able to observe whether there are books present in the home might require a request to go through the entire house or apartment without a spontaneous invitation to do so from the parent. In such instances, do not hesitate to ask about the books that the family has. The item will help indicate whether the child is growing up in a reading family, or in a family that values having books around. For example, there might be a set of encyclopedia on the shelf that have obviously not been read. Even so, credit would be given for the item, as the presence of the books indicates that the family values them.

19. Family has a pet

It seemed incredible that this item could have any content ambiguity, but apparently some Visitors have had trouble deciding whether one or another type of animal that has temporary residence in the family can truly be called a pet. In our definition the word refers to an animal that the family takes care of and the child can play with or look at--i.e., one that stays in the home on a semi-permanent rather than a temporary basis (such as a dog, cat, bird, turtle, goldfish, hamster, as opposed to a captured grasshopper, a lame bird, or a jar full of lightning bugs, etc.).

C. Organization

This factor refers to the extent to which there is regularity and predictability (without monotony) in the family's schedule, to the safety of the physical environment, and to the inclusion of community services as part of the family support system.

20. Child care, if used, is provided by one of 3 regular substitutes

The intent of this item is to determine whether the child's social environment is reasonably predictable and stable. Thus if the mother says that, whenever she is away, she leaves her baby with her ten-year-old daughter, this would still be scored positively even though the Visitor might question the ten-year-old's ability to provide adequate care. Credit the father as a substitute on this item also (if he is regularly used). If a child is in an alternate-care setting with several caregivers, each person who provides care is counted. If child care is not used at all, which may rarely be the case, score positively.

21. Child is taken to grocery store at least once a week
This item attempts to get at the breadth of experience that the young child has. A grocery store is a very stimulating environment, and any size store that a young child gets taken to should be credited. Do not worry about whether it is a supermarket or a tiny neighborhood hole-in-the-wall. Something other than a grocery store (such as a department store) does not count.

22. Child gets out of house at least four times a week
The infant/toddler may be taken no farther than the yard in order for credit to be given. The intent of the item is exposure to sounds and sights and objects and people other than those routinely available within the house or apartment.

23. Child is taken regularly to doctor's office or clinic
This item is intended both to assess the regularity and consistency of the environment and also whether

the environment offers some of the necessary conditions for growth and development, such as check-ups and preventive health care. Scoring should be adjusted to the age of the child--i.e., approximately once a month up to about eight or nine months of age and once every six months to a year thereafter.

24. Child has a special place for toys and treasures

This item will reflect the predictability of the child's environment. The special place may be a closet, drawer, a plastic basket, or even a cardboard box or paper bag. It need not be a fancy chest especially sold for children's toys. It does not have to be in a special room. The accessibility of the special place for either removal or returning toys by the child is the essence of the item. The special place does not have to belong exclusively to the key child; it may be shared with another sibling.

25. Child's play environment is safe

The Visitor should use her own good judgment in scoring this item. Examples of hazards are: broken glass lying around, furniture with wood splinters or exposed nails or pins, an uncovered rotary fan, boards with nails sticking out, unprotected stairs for a pre-walking baby, house so close to the street that child could not safely play in the yard, pot handles extending over edge of the stove, etc. Overcrowding or clutter would not count as a hazard unless it existed to the extent that it could injure the child.

D. Learning materials

This factor deals with the provision of appropriate play and learning materials capable of stimulating development. The factor could have been called something like Toys and Equipment to Support Development. Historically, we did call it that and various other things at different times in the past. But in trying to shorten all the subscale labels, we settled on the true common denominator of the items included here--they are materials which, when used by the child, provide tools for the development and refinement of crucial skills which must be acquired during the infant/toddler years. Thus we have relabeled the subscale, Learning Materials.

In scoring items in this section, it is important to keep in mind the **developmental function** served by each type of play equipment mentioned. What is crucial is not whether the toys are shiny and new and expensive or whether they are home-made or hand-me-downs. What is important is whether they will allow the child to touch, feel, manipulate, move, listen, and have fun in the process! Also it is not critical that the parents were the ones who purchased the toy. What matters is its availability to the child.

For each of the items in this subscale, the child must have access to the toy or piece of equipment. If someone has purchased the toy for another child in the family but the child who is the subject of the visit is prohibited from using it, then credit should not be given.

26. Muscle activity toys or equipment

Examples are crib gym, ball, rocking horse, jumpseat, door swing, or any of the items mentioned in #28. If such equipment had not been provided by the parent but is available in the apartment or housing project, the item should be credited so long as the infant or young child is granted access to it. Also the item need not be identified by the family as "belonging" to the child; it might be shared with siblings. However, it must be available for use. Thus, for all the toy items, credit would not be given if someone had bought the toy for the child but it had been lost, broken, or stolen. In such cases it would not be available.

27. Push or pull toy

Examples are toy lawnmowers, vacuum or carpet sweepers, corn poppers, music boxes on a stick, xylophone that is pulled by a string, wagon, etc. Credit also a shoe box with a string attached, a real carpet sweeper (with which the child can regularly play), or a kitchen stool on wheels.

28. Stroller or walker, kiddie-car, scooter, or tricycle

These items are all self-explanatory--anything with wheels that a child can ride on or in, or a large wheel toy that the child can manipulate.

29. Parent provides toys for child to play with during visit

In order to be credited on this item, the parent must make some special effort to see to it that the child has something interesting to do during the visit. If the visit is conducted in a room that contains a number of toys or the child's toy box, one should assume that the mother has taken special efforts to have something available to entertain the child during the interview. If, however, the child tires of what is available and begins to whimper or to ask for something to do, this item should not be scored unless at that time the parent makes some special effort to bring out a new toy or do something else to interest the child.

30. Cuddly toy or role-playing toys

This is an item that has a certain amount of age flexibility. For children up to about 18 months, a teddy bear or other stuffed animal or doll would provide the tactile experience presumably offered by a cuddly toy. For children between roughly 18 months and three years, any kind of doll or stuffed animal that stimulates make-believe would be credited. It may occasionally be more difficult to decide on this item when the key child is a boy, as families are often loathe to provide their boys with anything that is "sissy." In such cases a cowboy suit or policeman's or fireman's hat would be acceptable. Cowboy boots would not.

31. Learning facilitators--mobile, table and chair, high chair, play pen

What is essential here is that the parent provide the child with a piece of equipment considered necessary for various types of learning to occur, not just with a toy. (Mobile was included in order to have something applicable to very young infants.) The play pen may seem out of place in this item. It was included because it provides a safe environment in which an infant can play when the parent cannot provide direct supervision. In order for a play pen to be used for a positive score on this item, the parent should indicate that toys are placed in it whenever the baby is there.

32. Simple eye-hand coordination toys

This item involves such things as small objects that can be placed in and taken out of a receptacle, toys with more than one part that can easily fit together, large beads to string, etc. The items should be fairly small and should require precise hand movements--the child should not be able to move around and manipulate them at the same time. Six-month-old babies can pick up, hold, transfer from hand to hand, shake, bang, etc. A simple eye-hand coordination toy would be one that would be graspable, transferable, shakeable, or bangable in a unidimensional manner. (This would include a toy that made a noise if banged, shaken, etc.)

33. Complex eye-hand coordination toys

Obviously this item is similar to the previous one, and Visitors will have to make an occasional judgment call as to whether a given coordination toy is "simple" or "complex." Both simple and complex manipulation toys often involve the combination of components. The key to the judgment of complexity is whether the combination that results from the child's manipulations can create an item that is more than and different from that created with repetitive combinations of similar identical components. Thus beads to be strung (resulting in more beads on the string if successfully manipulated) is a simple eye-hand toy; Lego blocks (which can result in shapes totally different from the shapes of the individual pieces) would be a complex eye-hand toy. Other examples of complex coordination toys would be nuts and bolts, Lincoln Logs, Tinker Toys, etc.

For a six-month-old a complex eye-hand coordination toy would be one which, if the infant carried out a specific action, produced a more complex response than a simple eye-hand coordination toy. A good example would be one of the Johnson & Johnson rattles which, if held in a particular position, has a candy cane and some little blue balls that drop down into a clear bulb.

In scoring this item, the Visitor must remember that what is crucial is not whether the infant/toddler uses a potentially complex toy in a mature fashion (e.g., tries to make a house with Legos) or uses it only in a somewhat pedestrian fashion (e.g., makes a "road" out of bricks all the same size). What is being measured is what the parents have provided, not what the child can do.

34. Toys for literature and music

This includes tapes, books, records, toy musical instruments, etc. Although the "literature" part (books, talking records) of this item seldom causes any trouble, the "music" part does. A record player that the child may manipulate would be a perfect example in that both story records and music records could be played on the instrument. Again consider the age of the child in scoring this item. For example, a rattle with a musical jingle would be acceptable for a baby but not for a toddler. The radio is acceptable if the child is allowed to turn it on and select a station. The same would be true for a record player that belongs to the entire family. If the family record player is accepted, then the child must be permitted to manipulate it. At least two such toys must be available (one for literature and one for music) in order for credit to be given on this item.

Throughout items #30 - #34, the key to scoring is that the child be allowed to manipulate the play item even though she/he may not choose to do so. For example, the parent may report that she has bought blocks for her child but that the child never plays with them. In such instances, inquire in order to determine whether this is because the child is not interested or whether they have been kept from him or her. "Provides" requires that the child is not forbidden to touch, handle or play with the item. The parent does not have to be the one who bought the items. What is critical is that the items be available to the child.

E. Involvement

This factor defines the extent to which the parent is actively involved in the child's learning and provides stimulation for increasingly mature behavior.

35. Parent keeps child in visual range, looks at often. This is an interview item pertaining to times when the parent and child are at home together. "Often" means frequently enough to ensure safety of the child and to keep some kind of interpersonal contact going--the sort of thing lovers do when in the same room but out of reach of one another.

36. Parent "talks" to child while doing household work. "Talking" to the child in this item means that the parent in the course of her or his own work activities finds a way of including the child in what is going on. The parent may talk directly to the child, e.g., "Well, Mommy's going to wash these dishes now"; or "It's time for me to go to work." Perhaps the mother may simply talk as though to the child as she goes about her work, "I don't see how one family can get a house so dirty." The critical thing is that these comments occur within hearing range of the child or possibly with direct eye contact.

37. Parent consciously encourages developmental advance. The first key word in this item is "consciously," as it is indicative of a teaching attitude on the part of the parent. The second key word is "encourages." In order to encourage, the parent must do more than just "allow" the child to develop or a particular type of behavior to occur. Instead, the parent must take an active role (e.g., arrange the circumstances to assist development, praise the child's efforts, provide specific opportunities for behavior to be rehearsed). Credit on this item is given to the parent who finds little ways to help the child learn to roll over, who occasionally puts a toy out of reach to encourage crawling, who gives the child a spoon to let her try to feed herself, who tries to teach patty-cake, etc.

38. Parent invests maturing toys with value via personal attention. Maturing toys are those which, the first time the child is introduced to them, call for abilities a little bit beyond any demonstrated to date. Thus they involve the acquisition of new skills and offer the child a challenge. Many times parents will buy such toys, put them down in front of the child, and assume that the child should go on alone from there. Success on this item requires that the parent "talk up" the new toy, sit down and play

with it herself or himself with pleasure and glee, or show the child how it can be used and encourage play with it. The encouragement should be participatory, not via some command like "Go play with the fancy blocks I bought you."

39. Parent structures child's play periods. This does not mean that the parent must decide everything that the child should do throughout the day. Rather it refers to one who recognizes the short attention span of the young child and the need to offer occasional suggestions as to things the child might do. Structuring need not involve any request that the child play. For example, the mother who notices that her child is fretful, who then goes and gets a corn popper and puts it down in front of the child is structuring the play period. Credit should also be given for a more verbal parent--i.e., one who says, "Why don't you go and get your corn popper and play with it."

40. Parent provides toys that challenge child to develop new skills. Scoring this item requires some awareness on the part of the Visitor of toys that are and are not appropriate for children of a given age level. What is being assessed here is the caregiver's skill at estimating the child's ability and interest level and at finding materials that will

challenge further development. Credit should be given even if the parent appears to overestimate the skills that the baby is ready to begin to acquire.

F. Variety

This factor encompasses the inclusion in daily life of people and events which bring some variety (without disorganization) into the child's life.

41. Father provides some care daily. If there is no father or father figure in the home, score "minus" for this item. However, the "father" does not necessarily have to be a husband of the mother or even a biological father of the child. He must, however, be someone who plays a fathering role--e.g., mother's boyfriend, mother's father, etc. For credit to be given, father does not have to live in the home 24 hours a day but must have some daily contact with the infant/toddler.

42. Parent reads stories to child at least three times weekly. This should refer to a children's book or magazine and, except with young infants, should be more than merely turning pages of a magazine and saying words. If the parent says, "I don't, but my husband or the older children do," score "+" if the designated reader is old enough to be a true reader.

43. Child eats at least one meal a day with mother and father. This may be any meal, and the child may either be fed or placed in high chair at table. She may be fed in a feeding table provided it is pulled right up to the table and the child is conversationally included at the table. In one-parent families with no person who either is the father or who plays the fathering role, this receives an automatic "No."

44. Family visits relatives or receives visits once a month or so. The relatives referred to in this item need not be from the immediate family (grandparents, aunts or uncles). They need not even be blood relatives. However, they must be someone regarded by the parent as "family."

45. Child has three or more books of his/her own. The books may be shared with siblings, but they should be recognized as belonging primarily to the index child. They may have formerly belonged to an older sibling.

VII. SPECIFIC INSTRUCTIONS FOR ADMINISTERING INDIVIDUAL ITEMS

As stated earlier, we recommend flexibility in observing and interviewing during the home visit in order to obtain valid information about the child's current home environment. Real homes are alive and dynamic, and most parents are spontaneous and animated when they talk about their children. In such instances you will get a better picture of the environment if you allow the parent to lead, accommodating information they provide to the wording of your items, and probe only when necessary. With other parents, of course, getting information is like pulling teeth. In such instances, you will need to check your interview prompts, note (if you have not already memorized it) the exact wording of the items, and make certain that you get all the needed information. Even in such homes, flexibility and informality on the part of the Visitor are needed to avoid an atmosphere which seems intrusive, formal, and businesslike.

A. Observation Items

With the exception of Items 7 and 15, the first 18 items on the Infant/Toddler HOME are based entirely upon observation. Items 7, 15, 20-23, 35-39, and 41-45 depend largely on the interview. Items 19, 24, 26-34, and 45 can go either way. That is, observation may yield all the information necessary for scoring. However, if not, it is probably better to get the necessary information by interview on these items than to have the Visitor request to see a part of the house other than the area which the mother has set up for the visit. Item 40 is technically neither observational nor interview-dependent. It requires a judgement call based on what is seen and learned during the visit.

Even though the first third of the Infant/Toddler HOME is based almost exclusively on observation, the Visitor should not expect to make the observations within the first third of the visit. In fact, none of the items can really be scored until the very end in that they pertain to behavior that might occur at any time during the visit or else to a specified number of occurrences over the entire observation period (e.g., praises child at least twice).

Essentially what you are observing is the nature of the interaction between the parent and the child. Even though the items are binary and sound very cut and dried, they manage to communicate the tone of the interaction: Is it warm and loving or distant and possibly hostile? Is there mutual pleasure in the relationship or annoyance and frustration? Are the needs of the child recognized and accepted, or are things run primarily on the parent's terms? These subtle manifestations of the nature of the home environment will indeed show up in the observation items.

Knowing the items in advance of the visit and being familiar with the exact cutting points chosen for the binary items (e.g., once, twice) will help the Visitor remain alert throughout the visit for the requisite number of occurrences. During the wrap-up moments of the visit it is crucial to **check and record** in case you need to "stage" something you might have forgotten (e.g., praising the child to note the mother's response) in order to be able to score all the observation items.

B. Interview Items

As suggested in Chapter 7, the information necessary to score all items based on the interview can be derived from asking questions covering roughly four areas of family life: (1) outside trips, (2) available toys and learning materials, (3) family routines, and (4) training and discipline.

In the exposition to follow, all examples use "mother" as the referent rather than "parent," as in the case on the Record Form. Although this may seem inconsistent with our decision to use the word "parent," we can offer an explanation. In the suggested interview probes, we have tried to convey the informal conversational tone that we recommend. The word "parent" sounded stilted and formal, and, fearing that uninitiated users would attempt to adopt the wording uncritically, we chose to use only the term "mother."

1. Outside trips

This is a good topic with which to begin the interview, with a comment such as: "*A child as young as (name of child) ties a mother down much of the time. Do you ever manage to get away by yourself?*" If the reply is affirmative, ask, "*Who takes care of (name of child) when you are away?*" (Item 20). If the reply does not indicate that the mother has a regular person or small group of persons, ask: "*Can you usually count on her (him) or do you have to get a different person each time?*" (Item 20).

In her answer she might indicate that she goes out only when the father is home, and with just a little bit of additional questioning you can use this lead to get the information needed for Item 41.

This opener leads logically into a probe which relates to places the mother goes and takes the child with her, viz.: "*Give me some examples of places you go and take (name of child) with you.*" Unless mentioned spontaneously, ask about the grocery store, doctor's office or clinic, relatives, etc. The inquiry about relatives can be followed immediately by a question such as, "*How often do relatives come to visit your family?*" Note that if the mother says, "*I take him with me over to my mother's apartment two or three times a week,*" there is no need to ask whether relatives come to visit. The intent of Item 44 is to determine whether the infant has contact with some members of his or her extended family, and it does not matter whether that involves going out or having other people come to the apartment or house. Before leaving the area of excursion outside the home, be sure to ask about frequency of such activities.

If the mother describes a high frequency of outside trips, including possibly walks in a stroller, there is no need to inquire about whether the child gets out of the house four times a week (Item 22). If, however, the mother says that she seldom takes the baby with her on her own trips, it is necessary to inquire about such excursions, viz.: *"Do you ever take her out in the yard and put her in a play pen, or walk her in a stroller? About how often?"*

2. Toys and learning materials available to the child.

Inquiries in this section of the interview can be taken directly from the Inventory items. The interviewer might begin by saying something like, "*I'm interested in knowing something about the kinds of toys and play materials (name of child) likes to play with. Most people feel that toys and play materials have a lot to do with helping a child learn.*" The mother will probably begin by mentioning specific toys which you can then classify as to whether they adequately represent one of the Inventory items. If she does not mention the items spontaneously, ask about each type, taking the wording from the individual items A friendly Visitor will find opportunities to praise the mother for her concern about proper play materials or will say something like, "*I bet he has enjoyed that.*" The Visitor will have to judge from the objects listed whether the toys would challenge the child to develop new skills (Item 40). At the end of this section, if it is not visible, ask (Item 25), "*Where do you keep her toys? Have you set aside some special place for them?*"

This is one of the places in the interview where it is easy to inquire about the two items dealing with children's books. If you have seen some children's books you might comment, "*I noticed that you have some little children's books. Do you ever manage to find time to sit down and read to her?*" If the answer is affirmative, ask, "*About how often does he like you to do that?*" If you have not seen any children's books, you might inquire, "*Does (name of child) keep his/her books with the toys or is he/she not into looking at books yet?*" These questions will help you score Items #42 and #45.

3. Family routines

In this part of the interview you will be trying to learn whether the mother manages to give some time and attention to the young child as she carries out her routine household chores, whether she makes additional time available that is just for the child, and whether the father is involved in the child care routine. A good beginning is something like the following: "*One of the hardest things about having young children around the house is that they are always demanding attention and you have a lot of other things to do besides pay attention to them. For example, how do you arrange things while you are doing the dishes (or the laundry, or cleaning house)?*" What you want to learn here is whether the mother permits the child to be involved with her in these tasks and whether she makes the effort to help structure his play periods without demanding that he do all of this on his own. Helpful questions would be: *"When you do housework do you concentrate entirely on it, or do you sometimes make conversation with (name of child) as you do your work (Item 36)?" "How does he get started playing with his toys? Do you let him select what he wants to do, or do you make some suggestions to him or maybe get out certain toys (Item 39)?"* Then it is essential to learn whether the mother finds time to do some things that are especially planned for the child, e.g., *"Do you like to sit down and play with her sometimes?"* If mother says yes, ask her, *"Can you give me an example?"* Also ask, *"Does she like for you to do that, or does she prefer to play with her toys by herself?"* From her description of her actions and the kinds of play in which she engages with her child, you will be able to determine whether she is consciously encouraging developmental advance (Item 37).

In this part of the interview you will usually learn spontaneously whether the mother permits the child to engage in "messy" play activities (Item 7). If not, a question must be phrased for this item, e.g., *"Babies (or children) of this age usually love to play in things that get them all messy and dirty--mud, water, their food, and so on. Does she/he? How do you feel about it?"*

While discussing the daily routine one can also secure the information necessary to code items dealing with meal patterns, e.g., "*How do you manage meal times at your house? Do you feed (name of child) at the table with the rest of the family, or do you feed him/her separately (Item 43)?*" If the information does not come forth spontaneously in response to that question, ask, "*Is her/his father there for at least one meal each day?*"

One other item requires information about whether the young child has contact with a father or father figure. It can be asked about by using essentially the wording of the items: "*Does his father (Does your partner) give you some help with (name of child)? Does he do this kind of thing regularly and for at least ten minutes or so each day?*" Some have objected to these items on grounds that many infants are being reared these days in fatherless homes and that the presence of such items automatically penalizes such children. In spite of these objections the items have been left in because they were good items psychometrically speaking and because availability of a father to a young child is indisputably one indicator of the quality of the home environment.

The questions around family routines is another good place to ask about children's books (Items #42 and #45) if you have not obtained this information previously.. For example, you might say, "*It sounds like you all have got a* *pretty full and busy schedule from day to day. Does it ever allow you time to read to (name of child), etc.?"*

4. Training and discipline

The final area which will need to be dealt with in the interview, unless it is covered by the mother's spontaneous remarks, relates to the use of physical punishment. Most of the items in this area are observational, and only one requires information relating to time prior to the visit (Item 15--"No more than one instance of physical punishment occurred during the past week"). Obviously it is important that questioning in this sensitive area not be construed as threatening or judgmental. A good approach is to inquire in down-to-earth language, "*In general, does she/he mind you pretty well? Or do you have to punish her/him to get her/him to mind?*" If the mother says something like, "*I have to spank his hands (or bottom or legs) to get him to (do something or stop doing something),*" follow up with, "*Think about last week and tell me how many times you had to do this during the week.*" If, in her answer to the question, the mother has not referred to spanking as her technique of discipline, the interviewer can inquire directly about the mother's attitudes, viz., "*The mothers I talk to have different opinions about spanking a child as young as (name of child). Some say it is the best way, and others are* *opposed to it. How do you feel about this?"* Then, if she answers with anything other than a declaration that children should never be spanked, inquire about frequency during the past week (Item 15).

VIII. SCORING

All items on all forms of the Inventory receive binary scores--yes or no. No attempt is made to make finer gradations.

Although the HOME interview is administered ideally at the beginning of the 6 month home visit, scoring is based on information that may be obtained (observed) by Visitor 1 at any point throughout the visit (with the exception of the videotaping segment).

Except for those items where scoring criteria leave no room for leeway, the standard rule of thumb to apply in scoring is "what is appropriate for the target child." Toys useful in promoting hand-eye coordination in a 6-month-old are not the same as toys useful in promoting hand-eye coordination in a 30-month-old. Decisions about scoring must be made from the child's point of view. It matters not that the parent's "heart is in the right place" or that "she is doing a great job under the circumstances." What matters is what gets to the child.

The final thing to consider in scoring is to stick to the content of each item. The **HOME** is a standardized procedure. Like most other measuring devices, it contains a sampling of items from a much broader domain. Nonetheless, it is that particular sample that forms the "standard" of comparison. If the item says "Parent takes child to grocery store," visits to a department store do not count. If the item states "Parent arranges for child to get music or art lessons," lessons provided in the school do not count.

Once individual items are scored, it is a simple matter to derive scores for subscales and for the total scale. The number of "Yeses" is simply added to get the score.

IX. HANDLING UNUSUAL CIRCUMSTANCES

A. What should the Visitor do if the mother begins to get restless during the interview?

The key to dealing with the problem is prevention. If you have given the parent an indication of how long the procedure will take, this generally should not happen. Additionally, if the Visitor uses the proper style in conducting the visit, restlessness should not be a problem. Restlessness occurs more often when: (a) the interview seems too much like just a series of questions to which the parent must supply answers; (b) when the Visitor dominates the interchange. Don't be afraid to let the conversation wander a bit even into areas not covered by items on the HOME. The situation will seem more "real" and answers are likely to be more candid and complete. Don't be afraid to let the parents talk about things they are interested in. It is easy to get back eventually to the topic covered in the items. Don't be afraid to disrupt the interview for a while:

to engage the child, to move physically from where you are sitting, etc. The Visitor is a manager, not a technician. She must sense when to change gears, change directions, change style or tempo. The goal is set. The Visitor must use insight and creativity to reach it, not force, or rigid adherence to a script. However, if she detects this reaction in spite of very careful preparation, it is good to offer to discontinue the interview and to arrange for another appointment. Most likely the mother will suggest that it will be all right to go ahead and complete it while the Visitor is there.

B. What should the Visitor do if she senses that the mother is trying to report what she thinks she should be doing with her child rather than what she actually does?

A good indication that this kind of parent has been encountered will be frequent questions such as, "What do you think about that--am I doing the right thing?" An attitude of honesty and ingenuousness on the part of the Visitor will be important here. That is, she must communicate the idea that we have some ideas about conditions that favor the development of children but do not have any hard and fast knowledge. The Visitor will try and convince the parent that the knowledge she supplies will be helpful to us in our attempts to understand the relationship between certain conditions and the development of children. The Visitor's ability to convey this philosophy will probably be affected by her own attitude or understanding of the intent of the interview. If it can always be remembered that the intent of the procedure is to describe rather than evaluate to get information rather than express opinions or make suggestions, the Visitor will not too readily fall into this trap. One should not think in terms of the respondent's "passing" or "failing" HOME items or the HOME as a whole. In the generation of the items an assumption was made that certain experiences and objects, if present or absent in the daily life of a child, can make a difference in that child's social and cognitive development. These hypotheses are based on theories of human development and research on children's environments. However, the items in the scale are based on general principles of human development. These principles are not equally applicable to all children. Moreover, not all items retained in the final version are equally sensitive; some appear to have less impressive psychometric credentials than others. Therefore any mother who is concerned about her response to one particular item should be reassured on this matter by the fact that we do not have positive proof that any one of these conditions is essential for nourishing child development. We confidently expect that in future analyses of the items we will find some that do not correlate significantly with the child's development, in which case they will be replaced. Relatedly, the home environment of a child may include some compensating factors not currently indexed on HOME.

X. TRAINING AND CERTIFICATION

The purpose of this section is to specify procedures for determining when a home visitor is adequately trained on the HOME Inventory. Standards are established in two areas: 1) scoring of individual items, and 2) general approach to administration. It is essential that both be evaluated in making a determination of whether a visitor is adequately prepared to use the HOME in the NICHD Study of Early Child Care since there is need to ensure both validity of individual measurements and comparability across measurements. Since what is being evaluated in these two areas is different, the approaches to verifying that standards are met are accordingly different. For area #1, a precise target is set for match to standard (we are recommending 95% match to standard.) For area #2, which includes style issues as well as skill issues, a more general appraisal will be used.

A. Procedures for Certification at Individual Sites

It seems most reasonable for the Little Rock site to certify one person at each site as "trained". Once certified, the trained person (hereafter referred to as the trainor) should then employ the same evaluation procedures to certify other visitors at their sites. Each home visitor will be re-evaluated every three months to insure continued compliance with administrative and scoring procedures.

B. General Certification Procedures

1. Scoring

A certification videotape has been developed by the Little Rock site. Criterion scoring has been developed for each item based on information contained in the videotape (yes-no-insufficient to score). In order to be certified as trained, a visitor must be in agreement with scoring on 43 of 45 items. A second tape will also be made available with criterion scoring provided to serve as a "second chance." In addition, since a single tape cannot include all that one sees in a "real home visit", the person being certified will accompany a trained home visitor and will administer the HOME in a real setting. The trainor and trainee will independently score the HOME. The trainee must agree with the trainor on 43 of 45 items. Trainees must meet both standards in order to be certified as trained.

2. General approach to administration

In a very real sense, the validity of the HOME depends on the quality of the interaction between the home visitor and the family being assessed. The visitor must essentially be a conduit through which the family reveals those things about themselves needed to score individual items. To a far lesser degree, the home visitor may need to be a stimulator or manager of events so that the "the minimal demand requirements" of the technique are met. The staging of the HOME must be such that families are afforded an opportunity to be themselves with the least infringement and direction as possible. There is no one "right way" to administer the HOME. The visitor is the instrument through which the general strategies included in the HOME technique "work." However, there are types of visitor behaviors that seem better suited to maximizing the validity of the technique. The Little rock site has developed a checklist of home visitor behaviors to be reviewed in making an overall appraisal of the degree to which families were allowed to reveal who they are and what they do. The appraisal checklist includes such things as whether the visitor used good listening techniques, encouraged the caregiver to talk about herself and her children rather than simply responding to questions, whether "evaluative" type statements were made, whether the pace of the visit was determined more by the family or the visitor, body language, intrusiveness, naturalness, sincerity, respectfulness, projection of comfortableness, etc. An overall judgment (pass-fail) will be made by the trainor, based on the determination of whether the home visitor's approach afforded the family an opportunity to "be themselves". Guidelines will be given to trainors to assist them in making this pass-fail judgment.

Chapter 9

Section 4

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Chapter 9

Section 4

PROCEDURES FOR VIDEOTAPING MOTHER-INFANT INTERACTION AT 6 MONTHS

I. OVERVIEW

We are videotaping mother-infant interaction in the 6 month home visit in order to allow ratings of various qualities of the mother and the infant during a time set aside for them to interact. Videotaping their interaction will enable us to rate the interaction by coders blind to other information on the families, and uninfluenced by biases that might develop as a result of interviewing the mother in her home. The rating scales to be used with these videotaped observations are the same Qualitative Rating Scales that are used in the live ratings of the infants' interactive experiences in child care. It is recommended that home visitors review these scales. A basic familiarity with these scales prior to conducting the home visit should provide some basis for on-the-spot decisions that might need to be made about videotaping that were not anticipated in the writing of this manual.

II. GENERAL INFORMATION AND GUIDELINES

Under typical conditions, the videotaping of mother and infant in the home at 6 months will follow the administration of questions from the HOME and precede the administration of the remaining interview and questionnaires. At the very outset of this visit to the family, as well as during the telephone call to set up the entire visit, mother will have been informed that videotaping will take place.

The videotaping of mother-infant interaction will take place following a short break from the administration of the HOME, both to permit the setting up of the video equiptment and to enable the mother to take care of anything that might intrude on the videotaping (e.g., changing diaper, checking on other children, going to the bathroom, nursing baby).

The videotaping will consist of two episodes that each last for 8 minutes (or a minimum of 5 minutes in certain circumstances). The two episodes are carried out in a fixed order. In the first episode the mother will be encouraged to spend time in a fixed location (identified by a mat laid down on the floor) with her baby, doing what she would do if she found herself with time to play with her child. As the instructions detailed below indicate, she will be permitted to use toys and objects that she might ordinarily use when playing with her child. The episode should last for 8 minutes, but it may be terminated after 5 minutes by the visitor starting the second episode. Early termination of taping should occur when the mother explicitly requests it, or when the mother is resentful, angry, or hostile ABOUT THE TAPING. In these conditions taping may of course be stopped earlier than 5 minutes, but it will be necessary to have two episodes of at least 5 minutes each for the observation to be rated.

At the end of the first episode, the videotaper will interrupt the session, (while leaving the camera on) and indicate that it is time for the second episode (see instructions below). During this episode, the videotaper will place down by mother's side a set of toys supplied by the project for playing with the baby. The toys and objects that mother used in the first episode will need to be moved away and out of site. This episode, too, is scheduled to last for 8 minutes, but may be terminated after 5 minutes.

While a mat is provided to constrain the locale of interaction, mother and baby will have the liberty of moving from this fixed location should they feel so inclined. The instructions detailed below imply this clearly.

Throughout these episodes it will be the videotaper's job to capture the interaction (or lack thereof) on videotape, using the camera, tripod and battery pack that they bring to the visit. Technical details on taping are supplied below in a separate section. Important to point out at this juncture is that the videotaper is to act in a detached manner througout the taping, rather than as an avid observer or participant. The videotaper, who was formerly an interested visitor with the mother must now transform him/herself into a technition. This means that the videotaper should not make him/herself especially available to mother or baby. This can be accomplished most easily by avoiding, for the most part, eye contact with those being observed. The use of the tripod also helps minimize interaction with the videotaper. The videotaper should not be rude, however. If, for example, something funny happens and the mother looks up to the videotaper, he/she should feel free to smile back, but nothing more. There is no reason to extend such psychological contact. Similarly, if something distressing to the baby occurs and the mother looks up to the videotaper, sharing an empathic facial expression is permitted. However, it is important to signal that the videotaper's focus is more on the filming process than with any interaction with those being filmed. The goal througout the session is to be detached and uninvolved, yet not make mother or baby feel uncomfortable. Mimimun interactive involvement can often best accomplish this goal. Details about handling difficult situations are provided below in the section labelled "problem solving."

When more than one child is in the home, or there is reason to believe that potential intruders on the videotaping will be in the household during the 6 month visit, a second research assistant will be available. It will be this individual's job, during the videotaping, to occupy and entertain these potential intruders so that they don't disrupt the videotaping session. A section below describes the job of this individual.

III. MATERIALS

The home visitor will bring, in an attractive tote bag, a supply of toys that will be provided by the consortium and a vinyl blue play pad of the kind that fits in a playpen and can be folded into sections for easy transportation. These materials will need to be washed (toys), put in the dryer (stuffed animal) or wiped off (pad) with dishwashing liquid after each use. According to pediatricians, dishwashing liquid kills just about anything, including bacteria and fairly virile viruses like hepatitis.

The list of toys is as follows:

Ambi Toys:

1. Twin Rattle - bright yellow, with two faces

Discovery Toys:

1. Shake, Rattle 'n' Roll - mini activity center
2. Have -a- ball - ball with raised animal forms
3. Tumble Time - rolling toy with hourglass
4. Tons of Fun Rattle - Elephant rattle
5. Book with shapes and faces (remove chain attached to book)

Other Toys:

1. Stuffed Animal

As noted above, this visitor will also carry with him/her, a portable video camera that can be mounted on a tripod, a tripod and a battery pack so that the video camera will not have to be plugged into a wall socket. In addition, the visitor will bring two videotapes, one for taping the session and another as back up in event of problems with the first. The visitor will also have a magic-marker and small wipe-off marker board of the kind often placed on walls next to telephones for writing (and erasing) messages. It will be used to record the ID number of the family, the age of the child and the date of videotaping (in that order, vertically listed) which will be recorded at the beginning of every taping session for identification purposes.

IV. INSTRUCTIONS

At the end of the HOME interview, the interviewer initiates transition to the videotaping session by conveying the following:

"*That's all I need to ask you about for now, but we'll have an opportunity to talk some more a little later in my visit. Now, if we can, I'd like to set up the videocamera for the videotaping we talked about. As you know, I mentioned earlier that I wanted to videotape you and BABY playing together for approximately 15 minutes and that after this we would sit down and talk some more. Before we get started videotaping, there are two things we need to do. First, I'd like your help in finding a place where I can set up the video camera, which I will put on a tripod. It needs to be a place where I can lay out a pad for you* *and the baby to be on and where we can be relatively alone. This is a time for just you and the baby and we want to keep out all intrusions that we can. The second thing I want to do before getting started with the videotaping is give you a chance to take care of anything that you think could interrupt our taping. If you think the baby needs to be changed or fed, this would be a great time to do it. While I am setting up the camera and floor pad, you might also do anything you need to do for yourself before we begin. You also might want to let other family members know that we will need some time when we won't want to be interrupted. In fact, if the phone rings or someone comes to the door, would it be okay if I took care of these interruptions and request that someone either call back or wait until we are finished? (ASSISTANT'S NAME, can help with the children. He/she has brought some interesting things that should keep them busy). Where might be the best place for me to set up the camera (and for the children to spend some time with NAME)."*

At this point, transitional details are taken care of, including setting up the camera, filming ID information for 5 seconds while reading the information, playing this back to check camera (and audio) functioning, mother taking care of needs, and other children becoming involved in alternative activity. In its entirety, this transitional period should last no longer than 10 minutes. Once the camera is set up and people other than mother and child have been taken care of, the visitor continues with his/her instructions:

"We are just about ready to begin. As I said, what I want to do is videotape you and your baby for a period of about 15 minutes that will be broken up into two separate episodes. For both, I'd like you to try to ignore the camera and me and try to do what you would do with BABY if you had free time on your hands to play and I weren't here. For the first part, feel free to bring over to this area where the pad is set up anything that you think you and your baby would enjoy using." (Give mother a chance to get things.) "It would be ideal for taping if you and your baby could remain on the pad that I have laid out, but feel free, of course, to use your best judgement. If I need to, I can always move the camera."

"After about 7 or 8 minutes, I am going to interrupt your activities with your baby and give you a set of toys that I have brought for the two of you to play with. Before this second episode begins, which will also last about 7 or 8 minutes, I will clear away the things that you have brought over for the baby. Let me say before getting started, that I really want you to be as comfortable and relaxed as possible. In fact, to the extent possible, imagine that I am not even here and that you have time to be with your baby. I should say before getting started, that I will be real busy making the video pictures and checking the equipment, so I won't be able to talk with you or join your play in any way. If there is some unexpected interruption, though, I will try to handle it so your time with the baby and our videotaping are not interrupted. Do you have any questions before I get started?" (If yes, answer them.) "Okay, then, go ahead and enjoy your time with your baby. I am going to turn the camera on."

After 8 minutes (or earlier), *leaving the camera on*, make the transition to the new toy set in the following way: "Okay, that's all the time we needed for the first half. Thanks a lot for your help. I'll just clear away a few of these things and bring you the toys that I brought with me. (Clear away the things mother and baby were using.) Here they are. (Carefully dump the toys in a pile next to the mother, in a manner that will not create a loud noise or frighten the baby. Do *not* place each toy in a particular place on the mat. We want mothers to structure presentation ot the toys). Again, I'd like you to just imagine yourself with some free time on your hands and that you are spending it being with your baby. Enjoy yourself."

At the end of the second episode, comment as you did earlier and proceed to facilitate the transition to the next phase:

"That's all I need. Thank you again for letting us videotape BABY. What I want to do right now is briefly check the tape by rewinding it and looking at the last seconds of it to make certain that it recorded you and the baby. Feel free to take a break as we did before and I will make sure every thing is okay. If I find a problem, I may have to ask that we do the taping again, but I doubt that I will. (If there is a problem, see if it is correctable and set the videotaping session in motion once again if a total of 10 minutes of mother and baby together have not been recorded.) Once I have things straightened out here, we will need to sit down again so that I can ask you some more questions."

At this point, complete the first page of the Form, which pertains to the videotaping episode only.

V. CHILD MINDERS

In homes in which there are other young children, it will be necessary for a child minder to accompany the data collector. This individual's job is to keep the children occupied and out of the way of the data collection following the administration of the HOME. To do this well, the individual will need to be introduced to mother and children and mother's assistance will need to be recruited to let the children know that the child minder will be caring for them while the mother is busy. This should be done early in the visit, with the data collector asking mother to explain to the children that after awhile she will be too busy and involved to be with them and so for that time the child minder will play with them. It will also be the child minder's responsiblity to answer the phone and/or the door or to deal with any other interruptions that might arise once the videotaping begins. The child minder should always be courteous, explaining who he/she is (a research asssistant from a particular university watching the children because mother is busy with a research project) and that mother is tied up but that he/she would be more than happy to take any messages that need to be transmitted. He/she should ask what message the mother would like her/him to give callers (e.g. when the mother wants it said that she will be able to call back). Ask also if there are any callers for whom the mother would like to be interrupted. Within the constraints given by the mother, this individual needs to convey to callers that unless an interruption of the mother cannot be put off, that the mother has requested that any interrupter get in touch with her at another time.

The childminder should bring a canvas bag with a variety of age appropriate materials for children ranging in age from about 18 months to 6 years. Especially useful are coloring books with tear out pages (to be left with the child), washable crayons (in reasonably good condition), paint-with-water books with tear out pages, picture books, characters (preferably non-action oriented) and other easy to manipulate, hard-to-swallow objects that can be employed in games of pretend or make believe. In addition to coloring books, it is also useful to have blank paper for drawing and folding. Where applicable, these materials, too, will need to be wiped off with dishwashing detergent and rinsed after each use.

VI. PROBLEM SOLVING

Any number of circumstances can arise which could potentially derail the successful implementation and completion of the videotaping of mother-infant interaction in the home. Listed below are several possible problems that might be encountered and recommended solutions. It cannot be emphasized enough that it is impossible to anticipate all potential problems. The data collector should thus maintain an attitude that permits "thinking on his/her feet" in order to successfully confront challenges that might arise. Foremost to keep in mind are the needs of the mother, baby and family and our desire to obtain high quality data. Solutions that seriously discomfort families and breed resentment which could undermine further participation in the project must be avoided. At the same time, however, the data collector must be prepared to work hard to find a solution that will enable him/her to obtain the data that are needed.

A. Video Malfunction

The videocamera will be tested before the initiation of taping and at the presumed end of taping. If the video malfunctions at the outset and cannot be fixed, proceed to the next phase of data collection.

Do not spend an inordinate amount of time trying to fix a problem, as this could unduly lengthen the visit and/or interfere with the smooth efficient collection of the remaining data. If a problem is identified at the end of taping, determine how early it started. If more than 10 minutes of tape have been collected, there is no need to make alternative arrangements. If less than

10 minutes have been collected AND the problem can be fixed, try to get mother to engage in interaction on the mat again so that at least 10 minutes can be recorded. If the problem cannot be fixed, apologize to the mother, let her know that you would like to reschedule at a later date, but that you will talk with her more about hat once this visit is completed. Proceed to the next phase of data collection.

B. Unexpected Interruptions

The childminder or data collector (when only 1 visitor) should try to deal with all interruptions themselves if at all possible; for example, by answering the phone or the door. Try to discourage an unneccesary interruption of mother, unless there appears to be an emergency situation. If the interrupter won't be put off (e.g., insists on talking to mother or coming in), consult mother about what she wants to do and act in accord with her wishes. If interruptions of mother with baby last less than 30 seconds, just keep filming. If, however, the interruption lasts longer, stop the camera. If mother leaves baby alone during such an interruption, just observe baby; do not interact with child. Of course, if there is a clear and present danger of some kind, take necessary protective actions.

C. Maternal Interruption

If mother requests/demands to stop for any reason, approve automatically if more than 5 minutes of taping of a particular episode has taken place. Then terminate and restart accordingly with the second part of the videotaping. If less than 5 minutes has gone by, let mother know that there is only a little more time before a natural breaking point and seek her approval to continue until at least 5 minutes have been taped. If she seems resistant to, or resentful of, such a request, terminate taping and try to restart when mother is ready. If she does not want to do anymore, respect her wishes.

D. Maternal Refusal

If mother says she does not want to do the videotape, remind her that other families have found it enjoyable, that parts of these tapes will be put together and given to her at the end of the study as a gift, and that no one other than research staff will view the tape. The goal here is to try to be "softly" persuasive. Empathize with her discomfort ("other mothers have felt that way"), but try to enlist her willingness. If you think that will put mother off, go on to next phase of data collection and return to possibility of videotaping once that phase is over. Remember, all parents have been informed that they can refuse any part of study that they want to, so persuasian has to be "soft." If a mother refuses such efforts, respect her sentiments and be sure to point out not only that it is okay, but that we promised her in the beginning when she signed informed consent that she retained the right to any and all refusal. We don't want her feeling bad about letting us down.

E. Baby Falls Asleep

If infant falls alseep prior to 10 minutes of taping, proceed to next phase of data collection, hoping to return to taping once baby awakes. If more than 10 minutes of tape have been collected, terminate taping entirely and move on to next phase of data collection.

GENERAL PRINCIPLE: Whenever a later restart is called for (after some intervening period of some length-->10 minutes) because a full 10 minutes of taping was not completed, start entire process over from the beginning. Don't erase what has already been collected, just seek to obtain a full 16 minutes (or at least 10) more.

F. Unwanted Observers

There may be occassions when someone wants to observe who is capable of sitting quietly and just watching. Fathers will be most likely to want to do this--and understandbly so. Let them know in the most courteous of terms that we would rather have no observers because this is how all mothers and babies are being videotaped and thus that doing something different in this home will upset the scientific consistency we are trying to achieve. If this fails, simply request that the individual sit quietly out of the way and out of the baby's vision and not become involved in any part of the taping. Should the individual seek to become involved, remind him/her of the methodological requirements of not interrupting. If this fails after several occasions, or evokes verbal or nonverbal angry or hostile reactions, simply continue taping. You might offer to film the individual with the child, following mother-child interaction. We do not want to seriously alienate families or place mothers in untenable positions.

VII. TECHNICAL CONSIDERATIONS

A. Where to Set up Camera

After locating a place to videotape the interaction that will be relatively quiet and free from disturbances, you should determine where to place the camera. Position the camera as far away from the action as possible, still allowing you to get a good picture. Be sure that the mother's and baby's faces will be visible i.e., be sure they won't have their backs to the camera), without directly instructing the mother to "look at the camera." Remember that the closer the camera is placed to the mother and baby, the more likely that she and the baby will remain conscious of its presence. You will use the zoom lens to bring the mother and baby into the appropriate range, rather than the actual placement of the camera. You may have to move furniture a little. If it looks like moving furniture would help in finding a location for mother, baby, and camera, check with the mother first to be sure it is all right with her. Do not attempt to move anything large, like a sofa or a dining room table. You want to be careful not to harm either the furniture or yourself.

In some homes, of course, there will be no option on where to place the camera. In cases where you must have the camera set up close to the mother, it will be particularly important that you "set the stage" for the videotaping by distancing yourself from the interaction that will take place.

If filming during the day, be sure that you do not film into a window. This creates back lighting and faces too dark to see their expressions. Similarly, do not film into a lighted lamp. Lamps may be lit on either side of mother and baby but not directly behind them.

B. Using a Tripod, an Earphone, and Battery Pack

It is strongly recommended that the camera be set up on a tripod, if possible. Using a tripod will produce a steadier picture than carrying the camera yourself; it will also be less tiresome for 15 minutes of filming. It also tends to minimize interaction between mother and videotaper. If the room is too small to set up a tripod, or the baby is very mobile, making a tripod too cumbersome, anchor the camera on your shoulder and keep as stationary as possible.

To be able to check that the audio is properly functioning, it will be necessary to use an earphone in the audio jack of the camera.

The camera should be operated from a battery pack, so that an electrical outlet will not constrain the placement of the camera and so that there will be no constraints on moving the camera once the observation has started.

At most sites, under normal circumstances, a remote microphone will not be necessary. Sites that are concerned about this issue should conduct pilot observations with, and without a remote microphone worn by the mother. If acceptable sound quality can be obtained without the mike, it is preferable to omit it.

Sites may want to purchase an additional video camera light for the occasional situation where home lighting is extremely poor. Inadequate lighting and backlighting can easily make the videotape unrateable, at least for some rating scales.

C. Filming Identifying Information on the Tape

As part of the setup procedures film a sign on which you have written 1) subject number, 2) "6 Month Home", 3) date, and 4) approximate time started. Ideally, this information should be on an eraseable board you have brought to the visit. You should place the board on the play mat that is in place for the mother-infant interaction. Film the board for at least 5 seconds while you read out loud the same information. Rewind the videotape and play it back, checking that the camera is operating properly.

Set the date/time clock on the camera so that this will also be recorded on the tape during the interaction. If the date/tine label gets in the way of clearly viewing mother or baby (especially if it covers a face), turn it off. It is better not to have the time recorded throughout than to obscure important features of the interaction.

D. What the Viewfinder Should Show

Keep both mother and baby in view. Stay close enough in (visually) to be able to see facial expressions, but not so close that you miss gestures, body position changes, etc. Babies generally express affect with their entire bodies (mothers, too, but usually not as dramatically). Try to get both partners' facial expressions simultaneously; this is best achieved in silhouette positions.

Make certain that the mother and baby are in focus. Focus manually, and not with an auto-focus feature. Only use auto-focus if you can be certain that mother and baby will stay in the middle of the lens and nothing will come in between the camera and the mother and baby, throwing your focus onto something extraneous. A sharp focus is best achieved by making adjustments with the zoom up close. Zoom back out to the proper distance after focussing.

Once you have the appropriate camera location, zoom distance, and focus, make further adjustments only if necessary. Moving the camera after the interaction has started will unnecessarily call mother's attention to the fact that she is being taped. Tinkering with the zoom and focus over the course of the observation will make the coder's task more difficult.

However, it is very possible that you will need to make adjustments. Some 6-month-olds are quite mobile, and you will need to follow the baby. Try to keep the mother in view as well if the baby moves off the mat. Do this by first zooming back slightly for a "bigger picture" and, if necessary, moving the camera. Move the camera as well if mother stands up, picking up the baby. Anticipate these moves, getting ready to move the camera, so that you are not left with a film of only the mother's feet.

You need not be looking through the viewfinder every second, but check it fairly often to make certain that mother and baby continue to be positioned correctly.

E. Number of Observations per Tape

It is more economical to put two observations on each videotape. However, the danger in this procedure is that more data would be lost if something happened to the tape. For this reason, we recommend that sites use one tape per home visit. When a copy is made (to be retained by the site--see below), multiple observations can be placed on one tape.

F. Labeling the Outside of the Tape and the Box

Tape identification information must be included on each tape and tape box. It is important to label the outside spine of the tape and the box.

Labels should look like this:

NICHD Study of Early Child Care

6-month Home Visit

Site

Family's ID#

Baby's Age in months and days

Date of taping

Do not include any other identifying information on the box or on the tape.

Make sure that you remove the tape tab to prevent you from recording over your data by accident.

G. Copying the Tape and Mailing it to be Coded

Each site should work out a process whereby a copy is made of each videotaped interaction. The copy should be retained at the site and the original should be mailed for coding to the following address:

Dr. Margaret Tresch Owen
Timberlawn Research Foundation
P.O. Box 270789
2750 Grove Hill Rd.
Dallas, Texas 75227

The tapes should be mailed weekly. There is no need to use Express mail. Sites will be notified when and what tapes (by subject ID) are received.

H. Training

The goal in training home visitors to videotape mother-child interaction is to ensure that the tapes document mother-child interaction in a way that enables independent scorers to rate qualities of the interaction. Picture quality and sound quality must be excellent. Training on videotape technique using examples of what constitutes acceptable an not acceptable videotapes of mother-child interaction will occur during the network training session on the 6-month home visit. Each trainee should make a videotape of mother-child interaction using the 6-month protocol and send it to Margaret Tresch Owen, Timberlawn Research Foundation, P.O. Box 270789, 2750 Grove Hill Rd., Dallas, Texas, 26227, for certification that videotaping techniques are acceptable. Following this "certification," trained personnel at each site will be responsible for training of additional personnel in videotaping techniques.

Chapter 10.1

ADMINISTRATION OF CHILD CARE VISITS

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Chapter 10.1

ADMINISTRATION OF CHILD CARE VISITS

I. PURPOSE OF THIS CHAPTER

This chapter provides guidelines for the child-care assessment visits to assure that these visits are conducted in a standard way across all ten sites participating in the NICHD Study of Early Child Care. In addition, it will serve as the archival description of the methods used in the child care data collection. Amendments or suggested revisions should be addressed to Deborah Phillips (primarily responsible for operations manual, Profile, and interviews); Kathleen McCartney or Alison Clarke-Stewart (primarily responsible for behavioral observations and questionnaires); or Deborah Vandell (primarily responsible for qualitative observations). Alison Clarke-Stewart is also primarily responsible for the Mother Questionnaire about Child Care. Bettye Caldwell is responsible for the Child Care HOME measure.

It is vital to the success of the Study that the interview and observational data be collected in as identical a fashion as possible across sites. In this chapter, you will find suggestions about how to interpret both interview and observation items, as well as how to administer the interview and collect the observational data. These procedures must be followed by all research assistants to ensure the comparability of the data across sites.

We have attempted to consider as many questions and contingencies as possible. However, situations that we have not anticipated will arise during the course of data collection. When you are presented with a situation that is not covered in the manual, capture it as accurately as possible (e.g., write the caregiver's exact question about an interview item), then contact Kaye Fendt at the Data Center. She will confer with the relevant individuals and give you a coding decision, an interpretational decision, or whatever is needed. Each of these new decisions will be recorded in an appendix to this manual that will be distributed to all sites (with immediate BITNET messages for on-going updates).

II. RECRUITMENT PROCEDURES

The overall recruitment strategy for child-care providers is based on a set of common guidelines and procedures. However, within these, flexibility and multiple approaches will undoubtedly be necessary. These procedures are described, in detail, in Chapter 8, Administration of the Five-Month Phone Interview.

This chapter picks up the process at the point that the provider/director is contacted. In general, the common guidelines are, first, to ask the mother for permission for us to contact the child-care provider directly, and, second, to ask the mother to contact/persuade the caregiver if our attempt to get the mother's permission to make the first call fails or if our first attempt to obtain the caregiver's consent to visit is unsuccessful. It is also recommended that whenever an interviewer first finds out that a child is in or is entering a child-care arrangement (e.g., in the 3-month phone call), she begin to prepare the mother for the child-care visit.

A. Child-Care Recruitment: General Approach

You must first determine whether the target child has a primary provider and, if so, the identify of this provider. This information is contained in the 5-month telephone interview data on Form 5A. If there is no primary provider, there is no child care visit. If there is a primary provider, invoke the scheduling procedures for centers and homes (including care in the child's own home or another home, by a relative or non-relative), described below. This should be done as soon as possible after the 5-month interview is completed.

You will then use one of two approaches to contacting the provider. The preferred approach is to contact the primary child care provider (homes) or director (centers) directly. The alternative approach is to have the mother contact the provider/director prior to your contact.

In your scheduling call, you will explain the visit, answer any questions, obtain an initial verbal consent, and schedule 2 visits. (Center directors will also be given a telephone interview at this call - see center recruitment, below.) This window is as follows:

- 2 weeks prior to or after the child's 6-month birthday, for the first visit
- Second child care visit must be within 2 weeks of the first visit, but preferrably within 1 week
- First child care visit must be within 3 weeks of the home visit, but preferrably within 2 weeks

DO NOT SCHEDULE ANY VISITS BEFORE THE TARGET CHILD HAS BEEN ENROLLED FOR AT LEAST TWO WEEKS.

Thank the provider/director for being part of the study and mail out the CONFIRMATION letter, the description of the study and visits, and if required at your site, the consent form. Center directors will also be sent the Director Questionnaire (see Center Recruitment, below).

If you cannot reach the provider/director by phone, send the RECRUITMENT letter and STUDY DESCRIPTION. Then follow-up with another call or ask the mother to have the provider call you.

The day before the first scheduled appointment, call the provider/director to confirm the visit.

If the provider/director refuses a visit, information about the arrangement will be obtained through a telephone interview with the director (centers) or mother (homes and cases where center directors refuse this interview).

CENTER-BASED CARE CONTACTING THE DIRECTOR

STEP 1 Child care coordinator (or person responsible for scheduling child care visits) contacts the center director OR mother contacts the center director.

STEP 1B IT MOTHER CONTACTS DIRECTOR, coordinator recontacts mother for update, then contacts director.

STEP 2 Coordinator schedules 2 visits and asks the director to inform all classroom staff who provide care for target child about the study and the timing of the visits OR follows director's advice to contact the staff directly.

STEP 3 Conduct the Director Telephone Interview

STEP 4 Sent (a) letter confirming the visits, (b) study description, and (c) director questionnaire. If required at your site, also send the consent form.

STEP 5 Call director the day before the actual observation to reconfirm the visit. Remind him/her to complete the director questionnaire.

IF THE DIRECTOR REFUSES THE VISIT, ask his/her permission to conduct the "Director (or Mother) Telephone Interview for Centers we Cannot Visit". If he/she refuses, use the Interview with the mother.

HOME-BASED CARE (including in-home care by relatives) CONTACTING THE PROVIDER

STEP 1 Child care coordinator (or person responsible for scheduling child care visits) contacts the provider OR mother contacts the provider.

STEP 1B IF MOTHER CONTACTS PROVIDER, coordinator recontacts mother for update, then contacts provider.

STEP 2 Coordinator schedules 2 visits with provider

STEP 3 Send (a) letter confirming the visits and (b) study description. If required at your site, also send the consent form.

STEP 4 Call provider the day before the actual observation to reconfirm the visit.

IF THE PROVIDER REFUSES THE VISIT, conduct the "Mother Telephone Interview about Child Care for Home Arrangements we Cannot Visit."

The following two sections - CENTER RECRUITMENT and HOME RECRUITMENT - elaborate these procedures for these differing types of arrangements. In some cases, it will not be clear whether an arrangement is a center or home. Consider it a home if the setting is used as a residence, even if it resembles a center in room arrangements, numbers of children, etc. This will often be considered a "Group Family Day Care Home" by licensing officials.

B. Center Recruitment

1. Contacting the Director

Contact the center director by phone as soon as possible after getting information about the child's care arrangement from the mother or after the mother's contact with the director. If your site prefers to send the literature to the director and then make the phone call, that is allowable. First be aware of the 4-week window for the child-care assessment (2 weeks prior to and after the child's 6-month birthday), as discussed below. In the phone call, briefly explain the study, summarize what is involved on the directors and providers' part, answer any questions, and obtain an initial verbal consent. Also explain to the director that all of the staff who provide care for the target child need to be informed about the study and to sign the consent form. Offer two approaches: the director may contact the staff or you may contact them directly. Do what the director suggests. If you cannot reach the director by phone, send the RECRUITMENT LETTER AND STUDY DESCRIPTION and follow up with another call or ask the mother to have the director call us.

If the director says "no" at this point, try to find out why. You may be able to assuage his/her concerns. Ask if you might send the materials (RECRUITMENT LETTER AND STUDY DESCRIPTION) and call him/her back. If the director is adamant, we cannot force ourselves upon him/her. If the director is adamant, ask if you can just ask a few questions over the phone either now or later (preferrably now). Explain that it will take about 15 minutes (see below: 3. When it is not possible to do the Child Care Assessment)

In addition, in cases of refusal, if the child has a secondary arrangement in which he/she is enrolled for at least 10 hours a week, call the mother back and ask if we can repeat the recruitment process for this provider.

Talking Points for Child-care Recruitment

Following is a list of "talking points" for Child-care Recruitment.

1. Explain the overall purpose of the study using the consent form as a guide. For example: children are growing up under very different circumstances today; child care has become a very important part of most children's lives; we need to understand how this affects children's development; etc. Note national significance, importance to children and families, etc.
2. Describe the visit from the provider's perspective:
   a. Two days of visits;
   b. Three hours each;

c. Prefer mornings, if target child is typically awake then;

d. We will start by talking briefly with director, and then go immediately to the target child's classroom.

e. Most of our time will be spent observing the target child. THIS DOES NOT REQUIRE ANY CHANGES IN YOUR TYPICAL ACTIVITIES. In fact, we don't want anything unusual to happen;

f. We will also be observing the target child's classroom.

g. And, we will interview up to 2 of the child's providers (about 30 minutes)

3. All procedures will be maximally convenient for the provider (we can be flexible).
4. All data are confidential (nothing is reported to any licensing agency our purpose is research, not evaluation). The only thing we would need to report is child abuse.
5. We will be paying $40 for his/her/their participation. (In cases of multiple providers, find out how they would like this to work, e.g., divide among providers, program gift, etc.).
6. Complete TELEPHONE INTERVIEW, with the director.
7. Again, stress the importance that he/she talk to his/her staff who take care of the target child. You may need to volunteer to visit in advance.

2. Scheduling the Visit

a. Procedures

If the director says "yes", schedule a visit, using the following questions:

(1). When you are speaking to the director of a center, ask if she knows that child's schedule well enough to be able to schedule the visit; if not, ask if you should speak to the child's caregiver to get the best times. Also ask the director the questions on the DIRECTOR TELEPHONE INTERVIEW. Then, ask the appropriate individual, "*In your opinion, considering your schedule and the baby's, what would be the best* *__time__* *for us to schedule a visit? We need to see the baby when he/she is most likely to be awake and not likely to be interrupted by someone coming to visit (for example, the mother coming to feed him/her). We will need to make two visits of about 3 hours each*".

The baby is most likely to be aware and available in the morning, so if you have a choice, please schedule the visit so that it occurs predominantly during the morning hours. Of course, some children will not be in child care at all during the morning.

(2). What day of the week is best for you?

Do not observe children until they have been in an arrangement for at least 2 weeks. Aim for as close to the child's 6-month birthday as possible, give or take 2 weeks. It is extremely important that the child-care visit be scheduled within this 4-week window if at all possible. However, you may keep trying to complete the 6-month visits up until the child's 7-month birthday. Only if you have not been able to complete all observations (home and child care) by the child's 7-month birthday should you consider the data missing. The first child-care visit must also be scheduled within 3 weeks of the home visit.

(3). Select times and dates for the two visits, and include this information in the CONFIRMATION letter to the director.

Thank the director for being a part of the study and tell him/her that:

(1) You will call back the day before the observation appointment to confirm the appointment;

(2) He/she will receive, before your visit, a letter confirming the visits and a description of the Study and the visits. Tell the center director that he/she can post this description for parents to see, if he/she wishes;

(3) If your site reuqires that a consent form be sent in advance, tell him/her that this also will be included with the letter.

(4) He/she will also receive, with the letter, a brief questionnaire (DIRECTOR QUESTIONNAIRE) that you would like him/her to fill out before the visit.

(5) Make sure that the director will communicate the information about the visit to the staff in the child's room. Offer to talk directly to the staff before the visit if she thinks this would be wise. Remind her that these staff will need to sign the consent form, along with the director, in order for you to collect any data.

You will then send:

(1) the confirmation letter;

(2) the description of the Study and visits;

(3) the Director's Questionnaire; and

(4) a consent form (if required at your site).

NOTE: If the Director has already given permission for another target child to be observed in the past, and if she is already familiar with the study and has completed the DIRECTOR'S QUESTIONNAIRE within the past 6 weeks, you need not send her the Director's questionnaire again.

b. Overview of Scheduling Constraints

(1). Target child must be enrolled for at least two weeks prior to any observation. [This is enrollment in the center; not with respect to individual staff.]

(2). First child-care visit should be within two weeks of the target child's 6-month birthday.

(3). Second child-care visit must be within one week of the first visit, but aim for one week.

(4). First child-care visit must be within two weeks of the home visit, but aim for two weeks.

3. When it is not possible to do the child-care assessment.

You need to conduct a separate telephone interview to obtain crucial information about the target child's child-care arrangement. This interview will ideally occur with the center director, but may occur with the mother, if the director refuses.

The "Director (or Mother) Telephone Interview for Centers We Cannot Visit" is used if either the mother does not want us to observe in the center or the center policy does not allow us to observe. It is used instead of the regular Director Telephone Interview, the regular Director Questionnaire, and the Child Care Observation. If the director refuses to be interviewed, uses the "Director (or Mother) Telephone Interview for Centers We Cannot Visit" with the mother.

A validity check will be performed on these interviews, by having a subset of study sites conduct the interviews with directors/mothers on whom we also collect live data.

4. Confirmation phone call to director

The day before the scheduled appointment, call the director and confirm that the date for the observation is still okay. Make sure that the center director will have completed the Director's Questionnaire before your visit. Answer any questions he/she has about the questionnaire or the visit. Make sure that the director has informed the staff in the child's room of your visit and that she or someone else in authority will be there to sign the consent form when you come. If she will not be there, make sure that it will be OK for someone else on the staff to sign for her. Ask her to have the classroom caregiver call you directly if she has any questions about your visit, and then be available to take the call.

5. Obtaining Consent

Consent will be obtained from the director and from individual caregivers as well, after you arrive at the site and before you begin your observations. If your site requires that a consent form be sent in advance, bring extra copies with you and obtain consent following those procedures.

6. Center Payment

Each participating center will be paid $40 at the end of the second visit. (Some sites may wish to assure that all questionnaires are completed prior to payment.) For centers you will need to ask the director how he/she wishes to handle the payment. Some sites may wish, for example, to ask the director how he/she wishes to handle the payment. Others may want to involve the caregivers as well. Some may wish to divide the $40 equally among all participants; others may wish to purchase a gift for the center. Please be as flexible as you can. If a parent asks why the child-care payment is larger than the family payment remind him/her that the child-care assessment involves 2 days rather than 1 day.

C. Home Recruitment

1. Contacting the Provider

Contact the primary child-care provider by phone as soon as possible after getting information about the child's care arrangement from the mother or after the mother's contact with the provider. If your site prefers to send the literature to the child-care provider and then make the phone call, that is allowable. First be aware of the 4-week window for the child-care assessment (2 weeks prior to and after the child's 6-month birthday), as discussed below. In the phone call, briefly explain the study, summarize what is involved on the providers' part, answer any questions, and obtain an initial verbal consent. If you cannot reach the provider by phone, send the RECRUITMENT LETTER AND STUDY DESCRIPTION and follow up with another call or ask the mother to have the provider call us.

If the provider says "no" at this point, try to find out why. You may be able to assuage his/her concerns. Ask if you might send the materials (RECRUITMENT LETTER AND STUDY DESCRIPTION) and call him/her back. If the provider is adamant, we cannot force ourselves upon him/her. We will then have to use the mother as our sole informant about the child's care arrangement (see below).

In addition, in cases of refusal, if the child has a secondary arrangement in which he/she is enrolled for at least 10 hours a week, call the mother back and ask if we can repeat the recruitment process for this provider.

Talking Points for Child-care Recruitment

Following is a list of "talking points" for Child-care Recruitment.

1. Explain the overall purpose of the study using the consent form as a guide. For example: children are growing up under very different circumstances today; child care has become a very important part of most children's lives; we need to understand how this affects children's development; etc. Note national significance, importance to children and families, etc.
2. Describe the visit from the provider's perspective:
   a. Two days of visits;
   b. Three hours each;

   c. Prefer mornings, if target child is typically awake then;

   d. Most of the time will be spent observing the target child. THIS DOES NOT REQUIRE ANY CHANGES IN YOUR TYPICAL ACTIVITIES. In fact, we don't want anything unusual to happen;

   e. We will also be observing the target child's classroom. We will also be observing the rooms when the target child receives care.

   f. And, we will conduct an interview with you (about 30 minutes)

3. All procedures will be maximally convenient for the provider (we can be flexible).

4. All data are confidential (nothing is reported to any licensing agency our purpose is research, not evaluation). The only thing we would need to report is child abuse.

5. We will be paying $40 for his/her/their participation. (In cases of multiple providers, find out how they would like this to work, e.g., divide among providers, program gift, etc.).

2. Scheduling the Visit

a. Procedures

If the provider says "yes", schedule a visit, using the following questions:

(1). "*In your opinion, considering your schedule and the baby's, what would be the best* *time* *for us to schedule a visit? We need to see the baby when he/she is most likely to be awake and not likely to be interrupted by someone coming to visit (for example, the mother coming to feed him/her). We will need to make two visits of about 3 hours each*".

The baby is most likely to be aware and available in the morning, so if you have a choice, please schedule the visit so that it occurs predominantly during the morning hours. Of course, some children will not be in child care at all during the morning.

(2). What day of the week is best for you?

Do not observe children until they have been in an arrangement for at least 2 weeks. Aim for as close to the child's 6-month birthday as possible, give or take 2 weeks. It is extremely important that the child-care visit be scheduled within this 4-week window if at all possible. However, you may keep trying to complete the 6-month visits up until the child's 7-month birthday. Only if you have not been able to complete all observations (home and child care) by the child's 7-month birthday should you consider the data missing. The first child-care visit must also be scheduled within 3 weeks of the home visit.

(3). Select times and dates for the two visits, and include this information in the CONFIRMATION letter to the provider.

Thank the provider for being a part of the study and tell him/her that:

(1) You will call back the day before the observation appointment to confirm the appointment;

(2) He/she will receive, before your visit, a letter confirming the visits and a description of the Study and the visits. Tell the provider that he/she can post this description for parents to see, if he/she wishes;

(3) If your site requires that a consent form be sent in advance, tell him/her that this will also be included with the letter.

You will then send:

(1) the confirmation letter;

(2) the description of the Study and visits;

(3) a consent form (if required at your site).

b. Overview of Scheduling Constraints

(1). Target child must be enrolled for at least two weeks prior to any observation.

(2). First child-care visit should be within two weeks of the target child's 6-month birthday.

(3). Second child-care visit must be within two weeks of the first visit, but aim for one week.

(4). First child-care visit must be within three weeks of the home visit, but aim for two weeks.

3. When it is not possible to do the child-care assessment.

You need to conduct a separate telephone interview to obtain crucial information about the target child's child-care arrangement. If the mother will not allow us to visit the provider in a home-care arrangement or if the home caregiver refuses to be visited, the "Mother Telephone Interview about Child Care for Home Arrangements we Cannot Visit" is done after the 6-month home visit (in lieu of the on-site child-care assessment visit).

A validity check will be performed on these interviews, by having a subset of study sites conduct the interviews with mothers on whom we also collect live data.

4. Confirmation phone call to provider

The day before the scheduled appointment, call the provider and confirm that the date for the observation is still okay. Answer any questions he/she has about the visit. Make sure that she will be there to sign the consent form when you come. If she will not be there, make sure that it will be OK for someone else to sign for her.

5. Obtaining Consent

Consent will be obtained from the provider and from any additional helpers/providers who are observed, after you arrive at the site and before you begin your observations. If your site requires that a consent form be sent in advance, bring extra copies with you and obtain consent following those procedures.

6. Provider Payment

Each participating provider will be paid $40 at the end of the second visit. (Some sites may wish to assure that all questionnaires are completed prior to payment.) For family day-care homes with more than one provider who has been involved, you will need to ask the owner how he/she wishes to handle the payment. Some sites may wish, for example, to ask the owner how he/she wishes to handle the payment. Others may want to involve the caregivers as well. Some may wish to divide the $40 equally among all participants; others may wish to purchase a gift for the home. Please be as flexible as you can. If a parent asks why the child-care payment is larger than the family payment remind him/her that the child-care assessment involves 2 days rather than 1 day.

D. Problem Solving

1. Trouble making contact with caregiver/director.

The caregiver or the director of the center is not available when the project staff person calls. A person other than the caregiver (home daycare) or director (center daycare) answers the phone or a machine answers the phone:

"*Hello. This is (your name) from the Study of Early Child Care. (Name of child) is in (name of provider's) care. (Name of child) and his/her mother are part of a study on early child experiences and development. (Name of mother) has agreed to participate in the study and has contacted caregiver/provider (or you) about the possibility of observing (name of child) while he/she is in (name of caregiver/director/your) care. Could (he/she) (you) please call me back today or tomorrow at the following number:* "

If speaking to a person add:

"*I am sure he/she is very busy so I hope it's okay for me to call (her/him) back if I don't hear from (her/him). Is there a good time when I might reach (her/him) today or tomorrow? Thank you. Bye.*"

Make the second phone call at the time suggested, or some time during the following day. If the caregiver/provider is still not available, leave another message asking that he/she get back to you within the day.

If the phone call is not returned after the second try (second day) and no reason is given for the caregiver/provider's unavailability, then follow up with a third call the following day (third day) to leave a third message.

If by the morning of the fourth day (at the latest), the caregiver/provider has not returned your call, and the mother has made the original contact, call the mother, asking her to approach the caregiver/provider again with the following message (we are not asking the mother to read this to the caregiver/provider, but to try to include the following points when speaking again with the caregiver/provider):

"The Study of Early Child Care that (name of child) and I are involved in would like to speak with you to discuss their study and your possible participation. They are having difficulty reaching you. I know you are very busy but they feel your input is very important to the study. Would you mind speaking with her/him within the next couple of days about the study and the possibility of a visit. Is there a good time for them to reach you to discuss the study and a possible visit?"

Alternatively, you could at this point send the RECRUITMENT letter and a note suggesting that the director call you at her convenience.

If the caregiver is still unresponsive, the project staff person could suggest that the mother ask the caregiver/provider if he/she would like to be introduced to the project visitor before he/she agrees to participate.

2. During contact with the caregiver/director, the provider says "no" or is ambivalent about participation.

Try to find out why. If the provider is adamant about refusing to discuss participation, we have a missing child-care observation. If the caregiver is willing to discuss refusal or is ambivalent about participation, use the following troubleshooting suggestions to encourage participation:

a. Discussing the Study and its importance.

Summarize what is on the Study Description, emphasizing its importance to children, its national significance, and the critical importance of caregiver provider participation in the study. If he/she has received the description, ask if he/she had a chance to read the description and if there are any questions about the study or his/her participation? If appropriate, mention the study's importance for children, its national significance, and how critical the input of caregiver/providers is to the study. Mention that the caregiver/provider/center will receive $40 at the end of the second visit in appreciation for their time and input.

b. Provider/Director is concerned the visit would be too disruptive to normal routines.

Explain that:

(1). The date and time of the visits are arranged for the convenience of the caregiver/director;

(2). Our project staff person will be as non-intrusive as possible;

(3). Our primary purpose is to observe the child in normal circumstances. We do not want any special arrangements made for the visit (changes in schedule, etc.);

(4). We understand your primary responsibilities are to the children;

(5). Although we do need to speak with you about your views and past experience, this brief interview can be at your convenience and you can request that we leave at any time, if you feel circumstances warrant it.

c. The caregiver/director is concerned about the privacy of the staff and other children and parents.

Explain that:

(1). All observations and staff comments are kept confidential and are shared only with project staff (with the exception of child abuse);

(2). Any information from the observations or interviews will not be shared with the parent (of course, overall study results will be made available to any interested caregiver/provider.);

(3). No information will be gathered on other children in their care;

(4). Any caregiver who is observed at a center is asked for consent prior to the observation.

d. Caregiver/Director wants to think about it first or discuss it further with the staff before giving consent or scheduling a visit.

Ask for a specific time to call back to discuss their participation. If the caregiver/director seems ambivalent, use suggestion #1 before concluding the phone call. If necessary, mention that we do have a time constraint in that we need to see the child as close as possible to his/her 6th month (or 15- 24- 36-month) birthday. If all else fails, go back to the mother again and see if she can persuade the caregiver.

e. The caregiver/director seems concerned that you may report your findings to licensing officials.

This is particularly pertinent to family daycare providers, some of whom are unlicensed and operating illegally. If you sense this is the source of a provider's hesitation, be explicit about the fact that you will not report any data or anything else that you hear or observe to licensing officials. All data are confidential. (The only reporting requirement with which you must comply concerns suspected child abuse or neglect.)

3. The provider takes steps that create an atypical day.

Providers may try to schedule your visits when other children are asleep, when some children are absent, or after a "problem child" has gone home. This may be a real problem in smaller, informal arrangements. If you get a sense that this is happening when you schedule or confirm the visits on the phone, you should reiterate the importance of seeing a typical day and address his/her concerns about being "tested" or about the disruptiveness of the visit.

More often, you will sense that the visit is atypical when you arrive to conduct your observation. There is little you can do at this point, unless you are willing to reschedule the visit (with no guarantee that the rescheduled visit will be more typical). In cases where the children are asleep at non-nap times and you sense that this has been done to accommodate your visit, try to wait until they wake up. There is a place on the ORCE form to indicate whether you felt you have captured a typical day. Indicate "no" in these cases.

III. ASSESSMENT PROCEDURES

A. General Procedures

This section covers general considerations for the child-care visits, including the determination of when the visit should take place, the "order" in which the data are collected, the determination of which caregiver(s) to observe in the case of multiple caregivers, and procedures in the case of a single arrangement being used by more than one Study child.

1. Number of visits

Two visits will be made to the child-care facility at each assessment point. Observation and interview procedures will be divided into two visits to reduce observer bias (the observations will be made at the first visit, prior to collecting the interview information about the caregiver's education, etc.), to increase the reliability of the observation (two observations are better than one), to increase flexibility (if the child falls asleep or the caregiver has an emergency during the first visit, for example), and to make each visit a reasonable length.

2. Timing of visits

The first child-care visit in each pair of visits should occur within a 2-week window of the scheduled observation time (6, 15, 24, 36 months). The second visit should occur within 1 week after the first. However, if you need to reschedule the second visit due to the target child's illness, for example, and this puts you past the 1-week window from the first visit, just reschedule the second visit as close to the first as possible, but with no more than a 2-week gap and not past the child's 7-month birthday. In addition, no arrangement should be visited until the child has been enrolled for at least 2 weeks.

All data collection should occur within two visits at each time point, unless there are circumstances that prevent the collection of the minimum required data in two visits and a third visit is necessary. Be careful not to overstay your welcome. Do not pressure caregivers to complete their interviews or to let you stay longer when it is obvious that your presence is not wanted.

The scheduling of the visits should be worked out with the child-care provider when the appointment is made. You want times when the child is as alert as possible, and if all times are equal, a morning visit. You may arrive before the child if your site is one in which researchers are interested in observing drop-off.

3. Confirming the visit

Even though you called the provider to confirm on the day before the visit, it is a good idea to make another quick call to the director/provider on the day of the visit, to be sure that the child is not sick. Of course, if you are arriving early to observe drop-off, you will not have time to make this call. If you arrive and the child is sick, reschedule the visit, trying, insofar as possible, to stay in the 2-week window. DO NOT COLLECT ANY DATA if the target child is not there. As described below, the child-caregiver observations must be spread across 2 days; thus, if you collect data (e.g., caregiver interviews) on a day when the child is sick, this would put you in the position of visiting on 3 days, which should be avoided.

4. Number of observers

Only one research assistant (RA) will visit each child-care facility, unless a second individual must accompany the RA for safety reasons. The observer will not be the person who interviewed the mother. Child-care and home visits must be independent both within and across assessment dates. In other words, the 1- or 6-month home visitor cannot do the child-care visit for the same target child. We strongly recommend that the same RA conduct all visits for a given child-care arrangement.

5. What to bring

You should bring with you to the child-care visit the following:

a. Two additional copies of the consent form -- one to leave and one to bring back signed;

b. A copy of the parents' signed consent form in case the provider wants to see this;

c. Multiple copies of all data forms. Remember to take: (1) extra copies of the questionnaires to the second visit in case caregivers have lost the ones you gave them at the first visit; and (2) another set of consent forms in case there are new caregivers;

d. The Director's Telephone Interview (filled out);

e. Clipboard, stopwatch, "observe-record" tape (this will be produced centrally) or timer; tape recorder, if interview is being taped for reliability;

f. Stamped return envelope for caregiver to use in sending back any questionnaires not completed by the second visit; and

g. Child care ID Worksheet.

6. Arriving at the center/home and getting started

In a center, find your way to the Director's office. Chat with him/her about your visit. Get the Director's Questionnaire, which he/she should have completed. If he/she has not, suggest that perhaps she could fill it out before you leave. Ask him/her to describe all of the caregivers who are likely to be observed interacting with the target child and record this information on the Child Care ID Worksheet. Be sure to ask about his/her relationship to the child and whether he/she is specifically assigned to the child. Ask her to take you or show you to the room where you will be observing the target child.

7. Whom to observe, interview, and ask to complete questionnaires

In many cases, the child will have only one caregiver. However, in some large family day care homes (group homes) and in centers, the child may be cared for by more than one caregiver. In these cases, you need to determine whom to observe.

Observations will be done noting which caregivers and other adults were in the room and which caregivers and adults interacted with the child during each observation interval. All the caregivers with whom the child interacts, including non-staff adults, will be observed during the Behavioral Scales observations. Since the focus is on the child's total caregiving experience, which caregiver interacted during a period will be noted, so we can link up the behavior of individual caregivers with their individual interview data.

The Qualitative Scales will be completed for up to 3 caregivers with whom the child interacts for at least 20 minutes (or for whom the researcher has seen an adequate sampling of behavior to make the judgments necessary for the Qualitative Scales).

Up to a maximum of two of these same caregivers will be interviewed. All caregivers who are interviewed should be asked to fill out questionnaires as well. The two caregivers who are interviewed should be the following:

First, the caregiver who interacted with target child most during the two sets of observations conducted on Day 1. It is important to identify the caregiver who interacted the most with the target child, who may or may not be the caregiver who was in the infant room the most. In centers that assign specific caregivers to specific children, you might expect that it will be this caregiver, but again, it may not necessarily be this caregiver.

Second, the "lead" teacher in the class, if he/she interacted with the target child at all during the observation.

Third, if there is no "lead" teacher, the caregiver who interacted with the child second most during the observations (if observed for at least 20 minutes and Qualitative Scales were completed)

8. Assigning Child Care ID's.

Each child-care provider and center director is assigned an identification number. The 5-month interviewer will have assigned an ID to each arrangement (the Director ID for centers [Center ID], the Primary Child Care Provider ID for group family day care homes, and the Child Care Provider ID for all other arrangements [Arrangement ID] -- see below and also in the 5-month procedures). In the unusual case that a family or group home is co-owned (by a married couple, for example) there is not a clear primary provider. In this case, randomly assign one of the provider IDs as the arrangement ID. However, it is the responsibility of the Child-Care RA to assign any additional IDs. During the visit, these additional IDs will be temporary (see below) and then finalized by the site coordinator after all visits to a given arrangement are completed. This will occur for visits to center-based and large family day care (often called "group homes") arrangements, in which multiple caregivers are observed, interviewed, and asked to complete questionnaires. Recall that, although a maximum of two caregivers are interviewed and asked to complete questionnaires, more than two caregivers may be observed, given the child-focus of this observation.

The "on-site" temporary ID's will be assigned using an ID worksheet (see next section and Appendix), and the finalized by the site coordinator (or counterpart) after the last visit to each arrangement (see below). BRING THE ID WORKSHEET TO THE CHILD CARE VISIT.

The final identification number consists of 7 digits and is tied to both the research site and the relationship (REL) code. The first digit of each Provider and Director ID is the Site Code. The second digit is the Relationship Code. This code identifies the person being observed or responding to the interview or questionnaire, and refers to the relationship of the respondent to the study child. Specifically REL should be coded as follows:

0 - Mother (in cases where the mother is a child-care provider and also takes care of the target -- her own -- child).

1 - Father (the father is the child-care provider)

2 - Grandparent (the grandparent is the child-care provider)

3 - Other Relative (another relative, including sibling, is the child-care provider)

4 - Primary Child-Care Provider (a provider with supervisory responsibility for the target child's classroom; sometimes called a head or lead teacher. Use this code, as well, for the owners of large family day-care homes, sometimes called group homes, in which more than one caregiver is employed. All of these other providers are assigned a REL code of 5.)

5 - Support Child-Care Provider (a provider who also takes care of the target child but who is not the teacher-in-charge for the target child's classroom, sometimes called an assistant teacher or aide.)

6 - Child-Care Provider (no hierarchical designation; use in instances where all classroom teachers are of equal status, e.g., all "teachers" or all "assistant teachers"; this is also to be used in all instances where there is only one provider, e.g., in a small family day care home or in-home arrangement, given that this provider is not the mother or another relative.

7 - Director (only in centers)

As you can see, if the child-care provider is related to the child, use the codes for actual relatives (0 through 3). If the child-care provider is not related to the child, use codes 4, 5, 6, or 7. If the child has more than one provider who fits a single relationship code (e.g., two assistant teachers), they both get assigned the same REL code. What makes the ID unique is the last four digits, as described below.

The third digit, the Assignment Code, indicates whether the provider is specifically assigned to the Target Child:

1 = The provider is specifically assigned to the target child;

2 = The provider is not specifically assigned to the target child;

3 = Only one provider (use in arrangement, such as father care or family day care home with no other available providers). Don't take the director's word on this information -- ask the provider.

The remaining digits in the Child-Care Provider ID (4 through 7) are the unique code for each provider, starting with 0001 and ending with 9999. Thus, the first assistant teacher who is observed/interviewed at the University of Virginia site who is not specifically assigned to the target child, would be assigned ID 6520001. The second assistant teacher, who is not specifically assigned to the target child, if applicable, would be assigned 6520002. This unique ID will be assigned after the second child care visit by the site coordinator in consultation with the child care data collector. Make sure that this final ID is written on ALL FORMS in the designated spaces.

The Director ID will serve as the Child Care ID number for center-based arrangements and the caregiver ID number will serve as the Child Care ID number for all other arrangements. In the case of large family day-care homes with more than one provider, the ID of the lead child-care provider will serve as the Child Care ID. In cases where the same provider and/or center is visited at least twice because 2 study children use the same arrangement, use the same ID for both observations. This is our only way of knowing that it is the same center/provider. The Site Coordinator will keep a confidential list that matches names and ID's (see Appendix: Final Care Provider ID's.)

If the center remains the same over 2 assessment points, but the director changes, assign a new ID and note, on the Final Child Care ID Form, that these "two" centers (presummably with the same name) are the same place. The data center will then deal with this situation.

SUMMARY

ASSIGNING CHILD CARE IDS

The identification number consists of 7 numbers and is tied to both the research site and the relationship (REL) code.

SITE CODE (First Digit)

REL CODE (Second Digit)

0 - Mother

1 - Father

2 - Grandparent

3 - Other relative

4 - Primary child-care provider

5 - Support child-care provider

6 - Child-care provider

7 - Director (only in centers)

ASSIGNMENT CODE (Third Digit)

1 - Specifically assigned to target child

2 - Not specifically assigned to target child

3 - Only one caregiver

UNIQUE CAREGIVER ID (4-7th Digits)

0001 - 9999

9. Using the Child Care ID Worksheet

Assigned child care provider IDs and keeping them straight across observations will pose a major challenge in child care centers, where the target child is likely to have multiple caretakers. The Worksheet (see appendix) is designed to facilitate this process and assure our ability to cross-walk from the observational data to the questionnaire and interview data.

AFTER FINAL ID'S ARE ASSIGNED AND WRITTEN ON THE WORKSHEET, IT IS SENT TO THE DATA CENTER WITH THE CHILD CARE DATA.

As suggested in the previous section, it is CRUCIAL that the RAs assign caregiver ID numbers when they visit the center, given the high turnover rates among staff. Immediately prior to starting the observation, find out who is likely to be in the classroom (ask the lead teacher or director) and interacting with the target child. Assign each of these individuals a temporary ID number using the ID worksheet (see appendix) (see below). Of course, you may be told that only one caregiver will be seen, only to find that a second caregiver enters the classroom and interacts with the infant. Assign this individual a temporary ID for "caregiver 2" and when your observation is completed, check on this caregiver's relationship to the infant and fill this information in on the worksheet.

For each observation cycle, match your temporary ID to the actual caregivers that you observe. For example, if you observed 4 different caregivers during cycle one (1=A, 2=B, 3=C, and 4=D), then you observed 3 of them during cycle two (say A, B, & D) PLUS one new caregiver, you would record the following for cycle two: 1=A, 2=B, 3=E, 4=D. This will allow us to match caregiver 1 to caregiver 1, caregiver 2 to caregiver 3, and caregiver 4 to caregiver 4 across these 2 cycles. We will also know that caregiver 3 in cycle one is not the same person as caregiver 3 in cycle two. Use the space for "Description" to record permanent cues to help you keep the caregivers straight, e.g. hair, size, etc. Clothes are not good cues since they will likely change from visit 1 to visit 2.

After observing for the behavioral ratings, you will record data for the qualitative ratings for no more than 3 caregivers. This is described in the section on the qualitative rating procedures. For the purposes of the worksheet, indicate, for each caregiver (1 through 4) whether you consider him/her in the qualitative ratings, and which caregivers (1, 2, 3 or 4) number you worked with.

	Temp. ID	Final ID	Descrip	REL	ASSIGN	QUALS?
e.g. Caregiver 1	A				Cg1	
Caregiver 2	B					
Caregiver 3	C				Cg3	
Caregiver 4	D				Cg4	

The data sheet for the qualitative ratings indicates 4 caregivers, to make it easier to match from the behavioral scales to the qualitatives. NOTE that you will only rate 3 of the 4. It may be caregivers 1, 2 and 3 (persons A, B, and C) or 1, 3 and 4 (persons A, C, and D), or any other combination.

At the end of each day, you will complete the Global ratings for up to 4 caregivers. Indicate on the worksheet using Cg1, 2, 3, and 4, which caregivers you rated, and which day it is (1 or 2). For example, caregiver 1 for the globals, may be caregiver 1 (=A) from the behaviorals, or it may be another caregiver. We need to match up these data, and so need you to match actual individuals on this worksheet.

Finally, we need to know which caregivers completed the questionnaires and the interviews. Remember that all caregivers who do the interviews also complete the questionnaires (max of 2). Put their temporary ID on the questionnaires themselves and then replace this with the final ID once you are back in your lab. Also, indicate on the worksheet which caregivers were given the questionnaires.

Finally, before you leave the center on the last day, make sure that you have assigned a REL and ASSIGN code to each caregiver. This may require speaking to the caregiver, e.g. "Are you specifically assigned to the target child?" Without this informed, your site coordinator cannot assign a final ID.

Here is an example of a completed worksheet, using 1 observational cycle:

Observation Cycle #1

Behaviorals	TempID	FinalID	Desc	REL	ASSIGN	QUALS?	GLOBALS?	INT/QUES?
Caregiver 1	A		short, red hair	4	2	Cg1	Cg1-Day1	yes
Caregiver 2	B		Curly black hair	5	1	Cg2	Cg2-Day1	yes
Caregiver 3	C		male, blond hair	5	2	Cg3		
Caregiver 4	D		long, red hair	5	2		Cg3-Day1	

Observational Cycle #2

Behaviorals	TempID	FinalID	Desc	REL	ASSIGN	QUALS?	GLOBALS?	INT/QUES?
Caregiver 1	A		short,red hair	4	2	Cg1		
Caregiver 2	B		Curly black hair	5	1	Cg2		
Caregiver 3	E		Dark black glasses	5	2		Cg4-Day1	
Caregiver 4	D		long, red hair	5	2	Cg4		

We now know that the qualitative ratings for cycle 1 considered A, B, and C and that the qualitative ratings for cycle 2 considered A, B, and D. We know that at the end of Day 1, the global ratings were completed for A, B, D, and E (in that order). And we know that caregivers A and B were given the questionnaires to complete and the actual questionnaires should be marked with "A" and "B" before they were given to these two individuals.

After all the data are collected, the Site Coordinator will take this information, assign final IDs, and use the final IDs to complete all of the SCANTRON face sheets for the ORCE, interviews, and questionnaires. Also, put the final IDs and names on the confidential worksheet for assigning fnal IDs. DO NOT send the worksheet for assigning final IDs to the Data Center.

10. When to use center vs. home instruments

If an arrangement uses space that doubles as a residential home, then use the home assessment instruments and procedures. This will apply to most so-called group family day care homes, which often employ more than one caregiver and enroll 6-12 children, but operate in residential settings.

11. Procedures at each visit

At the first visit the emphasis will be on observation. Caregivers will not be interviewed at the first visit, because having information about the caregiver's background, training, etc. might bias observation of her behavior. Caregivers will be interviewed on Day 2 only, after all the required observations have been completed. You will need to be somewhat flexible, given special circumstances that will undoubtedly arise. A summary of the suggested order of the observation and interview procedures is as follows:

FOR CENTERS:

First visit

Introductions, instructions, getting settled

First 40 minute observation cycle: 30 minutes on Behavioral Scales and 10 minutes on Qualitative Scales

5 minute break (if necessary)

Second 40 minute observation cycle

5 minute break (if necessary)

Third 40 minute observation cycle (if desired and appropriate)

Profile observation

"Typical visit" questions

Questionnaires -- leave to pick up at second visit

Global rating scales for first visit

Second visit

Third or fourth 40 minute observation cycle (DO NOT COMPLETE ALL OBSERVATIONS ON DAY 1; at least one MUST be done on Day 2).

5-minute break (if necessary)

Fourth or fifth 40-minute observation cycle (if needed, desired)

5-minute break (if necessary)

Interview with up to 2 caregivers including:

"Typical visit" questions

Profile interview

Background interview

Pick up questionnaires

Global rating scales for second visit

FOR HOMES:

First visit

Introductions, instructions, getting settled

First 40-minute observation cycle: 30 minutes on Behavioral Scales and 10 minutes on Qualitative Scales

5-minute break (if necessary)

Second 40-minute observation cycle

5-minute break (if necessary)

Third 40-minute observation cycle (if desired and appropriate)

Profile observation

"Typical visit" questions

Caregiver Questionnaires -- leave to pick up at second visit

Global rating scales for first visit

Second visit

Third or fourth 40-minute observation cycle (DO NOT COMPLETE ALL OBSERVATIONS ON DAY 1; at least one MUST be done on Day 2).

5-minute break (if necessary)

Fourth or fifth 40-minute observation cycle (if needed, desired)

5-minute break (if necessary)

Interview with up to 2 caregivers including:

"Typical visit" questions

  - Child Care HOME (completed)
  - Profile interview
  - Background interview
- Pick up questionnaires
- Global rating scales for second visit

12. Minimum data collection required

At least two visits and four observation cycles are required. A cycle is 30 minutes on the Behavioral Scales (15 of actual observing and 15 of recording) + 10 minutes on the Qualitative Scales. The minimum length of a cycle will be 20 minutes (the 20 minutes will be spent doing the Behavioral Scales and the ratings for the Qualitative Scales will be based on this time). If you interrupt an observation cycle because, for example, the child falls asleep, you must discard these data and start an entirely new cycle when the child awakes. For example, if after 15 minutes of behavioral coding, the family day care provider decides to take the children to the park, you must stop coding and start a NEW cycle once you get to the park. DO NOT COMPLETE ALL OF THE OBSERVATION CYCLES ON A SINGLE DAY. At least one of them must occur on Day 2.

13. Feedback

If the caregiver asks for feedback, assure him/her that he/she will be sent a copy of the results when the Study is completed and that, due to confidentiality, we cannot release any information about individual children, families, or child-care programs.

Only general information should be given to caregivers and should be specific to questions actually asked. Emphasis should be on our wish to capture the child's experience in the setting and not on any desire to evaluate the quality or adequacy of the center, home, or caregiver. Emphasis should be on the "exploratory" (vs. evaluative) nature of the data collection: We don't know how children's experiences contribute to their development unless and until we collect information about those experiences.

If the parent asks for information about the child-care setting, most times the person talking to the parents will not have any information about the child-care setting because a different observer will be making these visits. Parents who ask, however, should be encouraged to observe in their own daycare sites, to talk to their caregivers about their concerns, etc. They should also be told that decisions about day care arrangements are personal ones, and that what makes one parent comfortable will not necessarily make another parent happy; hence our advice is not as important as the parents' personal observations and values.

14. Flexibility

Child-care environments are rarely consistent or predictable. This requires flexibility on the part of the research assistants. It is important that -- within the constraints of the prescribed ORDER of observation/interview procedures -- you accommodate to the caregiver's (program's) needs and schedule, in addition to the child's schedule.

15. Multiple Study children in same arrangement

In the rare case that one Study child shares a child-care arrangement with another Study child, the following procedures should be followed. If more than 6 weeks have passed since you were last in this arrangement, repeat all data collection. If less than 6 weeks have passed, do the caregiver-child interaction observations (ORCE) and the short forms of the interview(s). The long forms of the interview(s), the Profile, and the child care HOME do not need to be completed unless there has been staff turnover in the target child's classroom arrangement. You also do not need to complete the Director Questionnaire within 6 weeks unless there has been staff turnover. You will need to ask the director if this has occurred.

16. Taking leave

Before you leave, thank and say goodbye to the caregivers and Director and reconfirm the next visit. At the first visit, pick up the Director's Questionnaire, if you haven't already. At the second visit, pick up the caregiver's questionnaires.

B. General Interview Procedures for Caregivers

This section describes the procedure for obtaining the interview data from the caregiver(s).

At the end of the second visit, you will interview the caregiver(s) -- maximum of 2 -- to obtain background information, such as their education and experience.

There are multiple versions of the interview to suit the full range of child-care arrangements that we are likely to observe:

1. Center Version (LONG FORM) -- Use for caregivers, including mothers, in center-based care who have not been interviewed before.

2. Center Version (SHORT FORM) -- Use for caregivers in center-based care who have been interviewed before, within 6 weeks.

3. Home Version (LONG FORM) -- Use for all home-based caregivers, including those in family day-care homes, nannies, grandmothers, etc., who have not been interviewed before. This form is also used in the situation where a mother brings her baby

to work and someone looks after him/her (not in a work-site center), or when the mother cares for children in her own home.

4. Home Version (SHORT FORM) -- Use for all home-based caregivers, including those in family day-care homes, nannies, grandmothers, etc., who have been interviewed before, within 6 weeks.

5. Home Version for Fathers -- Use for all arrangements in which the father is the provider.

With respect to group family day care homes, we will use the measures for home-based child care when the care occurs in space that is also used as a residential home. We will use the measures for center-based care when the care occurs in space that is not also used as a residential home (even if the building looks like a home). If there are two providers in the family day care home, collect all relevant data (observations, interviews, questionnaires) for both of them.

At the end of the second visit, you will do the caregiver interview(s). Caregiver interviews should be done after the observations, at the caregiver's convenience. You may suggest that the target child's nap time is a good time for the interview, but he/she may see things differently. EMPHASIZE that you need to complete the interview before you leave.

Reread the section on assigning caregiver ID's (see Section III.A.8, Assigning Child Care ID's, above) and be sure to match the ID's used during the observations with the ID's of the caregivers who are interviewed.

The interview is structured predominantly as a "guided" interview. Read the question to the caregiver (he/she will ideally be sitting where he/she can read along with you, e.g. side-by-side at a table) and record his/her answer. In some cases, there are several response choices. You should still record the answer(s), but in these cases, you do not need to read every response choice unless the caregiver wants you to. Rather, move the interview form in front of the caregiver and suggest that he/she read the responses and then indicate his/her answer(s) for you to mark.

The best circumstance under which to administer the interview is one in which the caregiver is not simultaneously responsible for supervising children. In most cases, however, this will be impossible. Thus, you will need to become accustomed to frequent interruptions. You will want to sit beside the caregiver so that he/she can read along with you. You (and he/she) will undoubtedly be tempted to simply let the caregiver complete the interview as a questionnaire. Our experience from the Staffing Study tells us that this produces both incomplete and unreliable data. Although most of the interview items are very straightforward, a busy caregiver will always be tempted to read and answer items quickly and, perhaps, not as carefully as possible. You will also find that there will be more questions than you might anticipate, given the individual circumstances that frequently arise (e.g., "*I haven't had any training in the last 12 months, but I spent the previous year taking a college course in child development -- can't I count that?*").

There are quite a few SKIP patterns in the interviews. Be sure to have these patterns well memorized, along with the information in the manuals that accompany each interview form, so that the interview will go as smoothly as possible.

In administering the interview, please listen to what the caregiver says and remember it from one question to the next. If he/she has already (inadvertently) answered a question in responding to an earlier one, when you come to the later question pose it in a confirmatory way ("And you said that..."), not as if you hadn't heard her the first time. Ditto if you see her doing something; don't act as if you didn't notice. Say "And I noticed... do you always/ do you usually" -- or whatever is appropriate. Use common sense, tact; be sensitive, intelligent. Also, please use language that is appropriate for the individual caregiver: if he/she considers herself a "babysitter," don't refer to her as a "caregiver" or "care provider"; if the father is not married to the child's mother don't refer to her as "your wife," and so on.

C. Interview Administration

1. Director Questionnaire

Auspice/sponsorship

You may get a question from church-based centers. If they simply rent space from a church (church-housed), they are not church-sponsored. Sponsorship implies that the church (or other entity) effectively owns/runs or pays someone else to run (as is sometimes the case in corporate programs) the child-care center.

Services

Full-day care means at least 6 hours a day. Programs that are open for 6 hours a day, but only allow children to be enrolled for one of two 3-hour sessions are part-day programs. Night care means care that accommodates shift work, e.g., past 7 pm. Sick care means care beyond the usual adjustments that are made for mildly ill children. A good indicator is a separate room where sick children can be isolated with a caregiver assigned to this room.

Special-needs children

Does not include cognitively slow children, unless specifically determined (by teacher, director, or other) to be handicapped or learning disabled.

Total caregiving staff

The director should be counted only if he/she is involved in direct caregiving on a regular (as opposed to merely substituting) basis. The same rule holds for cooks, etc.

Staff titles

If the center uses different titles, use the following definitions and match staff to functional roles: Assistant teachers and aides: Provide care under the supervision of a more senior/experienced member of the staff. Teachers and teacher-directors: The lead staff person in a classroom, or in a cluster of classrooms. Sometimes called head or lead teachers. Teacher-directors combine administrative and caregiving responsibilities on a regular basis. Administrative Directors: Exclusively an administrative staff member, although may sometimes substitute in the classroom if short-staffed.

Staff turnover

If asked how to calculate, the director needs to think back to 12 months prior to the interview, consider the total number of pertinent staff who were employed by the center, and then indicate how many left.

2. Child Caregiver Interview

Own children

If the caregiver has a joint custody arrangement count the children involved as "own children."

Own child-care arrangements

Some children will have multiple, simultaneous arrangements over the course of a day or week. Let the caregiver circle all arrangements that are used for more than 10 hours a week.

Job title

Write verbatim what the caregiver tells you.

Other paid work

If the caregiver works during any of the time encompassed by the three categories (e.g., only in Oct.- Nov.), code this category (e.g., Sept.- May only).

Total experience

"In the field" includes activities, such as consulting, training, or working for a child-care resource and referral agency, that are directly tied to the early childhood and child-care fields, as well as direct caregiving.

Professional membership

Err in the direction of indicating "yes" if he/she names an organization that you are not familiar with.

Specialized training

Be fairly liberal with this.

Certification

If he/she is unaware of state certifications, then he/she does not have one. Not all states offer all of these certificates/credentials.

Where caregiver got training

a. High school (while caregiver was a student in high school)

b. Vocational school (child care training, nannying, teacher's aide)

c. College (courses or major in child development, early education)

d. Graduate school (courses in child development, early education)

e. Adult education (at community college, university, or high school; credit or noncredit; through extension)

f. Conference or workshop (one or more conferences)

g. In-service training (offered at preschool)

h. Correspondence or television course

i. Parent education classes

Current training

If he/she cannot remember hours, get a best guess.

Center-supported training

"The director lets me do it" is not considered "support."

Infant care training

Any transmission of information specific to infants may be counted.

Salary as percent of household income

Household income includes income of all members of household (e.g., parents, spouse, others). This should be pre-tax income.

Wages

If caregiver gives families a reduction for having more than one child in her care, just take the average per child as the amount he/she charges for child care. Record dollars and cents to avoid having to round.

Hours of care to target child

If his/her schedule varies day by day, get a weekly average and divide by the total number of days/week he/she provides child care to TC.

Individualized care

An individual assignment must be made as explicit policy.

Total adults who care for target child

Do not count the cook, administrative director, etc., if they do not regularly provide child care beyond their primary responsibilities as cook, administrator.

Licensing/registration of home caregiver

If the caregiver does not know what these terms mean, then he/she is NOT licensed or registered.

Interview with father as caregiver

Use whatever term seems most appropriate: wife/partner/target child's mother/Mary/Alice...

D. Questionnaire Procedures

Before giving the questionnaires to the caregiver(s), remember to complete the ID information for the caregiver and the BABY. Write in the BABY 's name on the instruction page.

The child-care visitor will leave the questionnaires with the caregiver(s) -- maximum of 2 -- at the end of the first visit. These will be collected and reviewed at the end of the second visit. If the caregivers do not have the questionnaires finished at the end of the second visit, offer to pick them up at a later date or leave a stamped/addressed envelope with the caregiver for him/her to mail the questionnaires to you. YOU WILL NEED TO FOLLOW-UP ON THIS TO ASSURE THAT YOU GET ALL THE QUESTIONNAIRES.

It is possible that some caregivers will not want to complete the questionnaires on their own. Our goal is to get the best data possible, so in these cases, work through the questionnaires -- one by one -- with the caregiver.

We strongly recommend that, as part of introducing each questionnaire, you have the caregiver read and complete the first item for each form. This will assure that he/she knows how to use the SCANTRON forms and understands the response choices. This will of course, produce better data.

Introducing the questionnaires: A sample script:

"Here are the questionnaires I told you about. Please fill them out the best that you can. There are some items that refer to CHILD and some items about child care and child reading in general."

"Three of the questionnaires ask you about (BABY) and I have filled in (his/her) name to remind you of this." [GO OVER THE DROP-OFF\PICK-UP AND TEMPERAMENT QUESTIONNAIRES] *"The other questionnaires ask about your own feelings"* [GO OVER THE IDEAS ABOUT RAISING CHILDREN AND CAREGIVER STRESS QUESTIONNAIRES].

"If you feel a question does not apply to yourself or to CHILD please fill in N/A (Not applicable) or make a short note.

Do not leave any questions blank because we will think that you overlooked that item. Please do not write CHILD's name or your name on any of the forms. They are identified by ID number.

Please complete the questionnaires by yourself. We are interested in your own thoughts. Obviously, there are no right or wrong answers. Let me know if you have any trouble. I will answer any questions you may have at the end of my next visit. I will need to take the forms with me at that time (remind her of the exact date).

Thanks again!"

E. Observation Procedures

The Observational Ratings of the Caregiving Environment (ORCE) is an instrument that examines the characteristics of the child's experiences in child care settings in two different ways: by observing the frequency of caregiving behaviors and by rating the quality of caregivers' behavior.

The behavior (frequency) scales record the occurrence of key behaviors in the following areas: positive and negative affect, language-focused interaction, stimulation of development, behavior management, child's activity, and child's interaction with other children. The qualitative (rating) scales record the caregiver's and child's behavior in the following areas: caregiver's sensitivity, intrusiveness, detachment, stimulation, and affect, and child's mood, activity level, sociability, and attention. At the end of each day of observation, global rating scales are completed. In addition, at the end of the observation on each day, one caregiver (ideally, the one who spent the most time with the target child) is asked the post-observation interview questions.

The procedure during an observation cycle is the following:

--10 minutes of observation using the behavior scales (following a schedule of 30 seconds of "observe" time; 30 seconds of "record" time), indicating which caregiver(s) were available and which interacted with the child during each observation interval.

--2 minutes of notetaking for qualitative ratings based on the 5 minutes of observe time during the preceding 10-minute observation period

--10 minutes of observation using the behavior scales

--2 minutes of notetaking for qualitative ratings based on the 5 minutes of observe time during the preceding 10-minute observation period

--10 minutes of observation using the behavior scales

--10 minutes of notetaking for qualitative ratings based on the 5 minutes of observe time during the preceding 10-minutes observation period and the current 10 minutes

-- coding the qualitative ratings

RECORDING TIMES

Several forms require you to know how to record time on a 24-hour clock. This eliminates the use of am and pm. The 24-hour clock starts at 1 second past midnight with 0001 and runs to midnight, which is 2400. Here are some examples:

9:00 am = 0900
12:00 noon = 1200
2:00 pm = 1400
8:00 pm = 2000
10:30 pm = 2230

Use the 24-hour clock on the ORCE to indicate start and stop times. The start and stop times for the 44-minute observation periods are recorded on the first and last page of the ORCE form. DO NOT RECORD TIME STARTED AND DURATION ON THE QUALITATIVE RATING FORM.

CONDUCTING THE ORCE

1. Conducting the ORCE at a center

a. Before you start

Based on your interview with the director, you will know who the child's caregivers are, and whether they are specifically assigned to the Target Child. Mark this down on the Child Care ID Worksheet and the ORCE form so that you can confirm this once in the room. Also, find out the child's departure time and nap time for the day so you can plan how many observation cycles you can do. You will need to keep updating the ID information through-out your observations - keep the ID worksheet with you at all times.

b. Entering the room

The director will usually introduce you to the caregiver once you enter the room, but if not, be sure to identify yourself. Continue with the following script:

"As you know, I will be observing BABY this morning. I want to see what a typical morning is like for him/her. I want to see how he/she acts around the other people in the room and how he/she pays attention to the things in the room. I want to find out what kinds of experiences he/she usually has. For the observations to be accurate, it is important that everyone act as naturally as possible and just do what they would be doing if I weren't here. I know this is easier said than done, but try to do what you would normally do. The purpose of these observations is really just to find out how children spend their time in child care. I will be following BABY's activities, and I may, therefore, need to go in and out of the room. I'll try not to be disruptive. If you just ignore me, I hope that the children will too."

"Now I just need to make sure that I have everyone's names and positions straight." (Complete the information about caregivers at the top of the form.)

"Is (caregiver's name) (child's name)'s primary caregiver?

Is ______the lead/head teacher/caregiver for the group?

Who besides _______ and ______ has responsibility for (child)?

If there are any other adults present, who are they?"

Make sure that you know the names of the caregivers whom you will be observing (up to a maximum of four). Try to keep your conversation with the adults and your interaction with the children to a minimum. Ask if there is a particular spot where you can sit or stand. Look for a place that is as "out of the way" as possible, and yet provides a good view of the classroom, so there will be as little need as possible to move to follow child or caregiver. Do not compliment the children or any aspect of the child-care arrangement. This will appear "judgmental" and may invite unnecessary questions.

Allow 10 minutes before you begin the observation. That will allow time for the room to resume its normal routine. It will give you and the children time to "settle in". At this time children may come over to you and try to get your attention by bringing a toy or by talking. Your job is to be as neutral as possible. This means not rebuffing the child, but not being overly encouraging. It is a fine line and not an easy task, but you will find your own way that is comfortable.

c. Behavioral Scales

Observing the caregiving environment

You will be observing and recording the behavior of the target child and of any caregiver directed toward that child. Once you begin the observation period, focus on the target child. If the child leaves the room, follow her/him. If the group goes outside, accompany them. During this observation try (as impossible as it seems) not to let the target child know that she/he is being observed. This means looking at the group and avoiding eye contact with the child. As they occur, make mental note of behaviors that you know are on the checklist. Keep your attention on what is happening to the child during the "observe" period and on the scales during the "record" period. If you are afraid you will forget some behavior that occurs, you may record it during the observe period as long as you do not miss any other behaviors that occur while you are glancing down at the record form.

Completing the Behavior Scales

Use the "record" periods to check systematically through the list of behaviors from top to bottom to make sure you have noted everything that happened. You will have 30 seconds to record your observations for the preceding half-minute. Accuracy is critical. For most of the scales, either the behavior occurred (mark it), or it did not (leave it blank). Even if the behavior occurred more than once in the interval, mark it just once. For the caregiver's response to the child's negative affect, the coding is slightly more complicated: you must first decide if there was an opportunity for the response to occur -- i.e., the child expressed negative affect -- and then whether the caregiver responded (check Y (yes)) or did not respond (check N (no)). Each behavior should be coded only once in any category. A category may be left blank if no relevant behaviors occurred during the 30-second observation interval.

d. Qualitative Scales

Observing the caregivers

For the Qualitative Scales, focus explicitly on the dimensions of caregiver and child behavior tapped by these scales. Observe all the caregivers who interact with the target child. In using the Qualitative Scales, you will exercise your clinical sensitivity and judgment. You are interested in the overall quality of the caregiver's or child's behavior. Try to separate the events of one observation cycle from the events during previous cycles.

Each set of qualitative ratings is to be based on 44 minutes of observation. During the first 34 minutes, the observer completes the Behavior Scales and make notes for the qualitative ratings in the two 2-minute breaks. During the next 10 minutes, the observer should focus explictly and solely on the qualitative ratings. To help observers remain on task during this time, they should take longhand notes of caregiver or child behaviors as they relate to each scale. To help observers organize their observations and recollections, notes should be organized by rating category.

Completing the Qualitative Scales

You are interested in rating the quality of the behavior or relationship of each individual caregiver with the target child. If a particular caregiver has not interacted with the target child enough during the observation cycle to allow you to make the required judgments, use the "not possible to observe/rate" category for that caregiver. Do not complete the scales for more than 3 caregivers during the cycle.

In the definitions of each scale, we have avoided applying absolute frequencies of occurrence for assigning ratings. On occasion, raters will not be able to observe for the full 44 minutes. Also, frequencies may be dependent on specific activities in the child care setting. Consequently, in assigning ratings, you should use a two-step process. The first step is to ask, Is this dimension "characteristic" or "not at all characteristic" of the person being rated? Once this decision is made, then determine if the dimension is "sort of" characteristic or "very much" the case.

Ratings for most of these scales should be based on both the quality and quantity of behavior. Thus, evaluations should be made taking into account the quality of the observed behaviors in relation to the proportion of the time they were observed.

Ratings of 1 and 4 should be reserved for those observations which could be considered either problematic or exceptionallly advantageous, depending on the specific scale.

e. Post-observation interview with caregiver

At the end of the visit, interview one caregiver to determine whether your observations were "typical." If there is more than one caregiver, interview the one who interacted most with the child.

f. Global ratings

At the end of each day's visit, complete the global ratings of overall quality of child care, etc. Base these ratings on your observations during the entire day's visit.

2. Conducting the ORCE at a home

The ORCE procedures will be the same in home settings (child's own home, sitter's home, family daycare). However, your experience may be different. Although the setting may seem more informal, it is important for you to remember your role of objective observer and try not to be drawn into the activities of the environment. In addition, there may be more opportunity for informal conversation. By emphasizing to the caregiver that you want him/her to act as naturally as possible and to pretend that you are not even there, you are letting the caregiver know that you need to focus your full attention on what is happening in the setting.

Basically, you will follow the same sequence as in the center except that there will usually not be multiple caregivers.

3. Observer's Interaction with caregivers

Whether at a home or a center, the observer should make all effort to put the caregiver(s) at ease (smiling, accepting a coffee and a chat at the end of the observation, etc.). You are a person, not a video camera (despite the fact that your observation record should be a accurate as a camera's). You have feelings, reactions, good sense and judgment that should not be left behind at the door. You should make your role as observer clear to the caregiver; you are there to watch, not to intervene (or babysit). We suggest that you state explicitly that "I am not allowed to be left alone with the children." The caregiver should behave as he/she would if you were not present. Thus, in arrangements with only one provider, the provider may need to leave some children unsupervised for brief moments (e.g., bathroom breaks) and you will momentarily be left alone with the children. On the other hand, if the caregiver asks you to watch the children while he/she makes a hone call in a different room, you must refuse politely and are not allowed (for liability reasons) to be left alone with the children even if he/she would ordinarily make such calls. Clearly, if a child is in a different room from the caregiver and is in imminent danger, you cannot stand by and watch it happen. You must find ways of ensuring that your presence, including your nonintervention, is not affecting what is going on in the room (e.g., older children hitting you or each other because you are so unresponsive). It may help put caregivers at ease if you say something about the unusual role of an observer who is basically not allowed to act naturally herself ("my behavior may seem a little weird, but it's my job").

4. Guidelines for specific scales

a. General suggestions

If it is helpful for keeping track of which column you are observing/recording in, you might circle the number at the top of the column when you start the minute.

PEOPLE PRESENT

Available adults:

Code any adult who is in the same room as the child or, particularly in home settings, within earshot of the child, even if not in the same room. He/she is not necessarily paying attention to child; he/she may be involved with his/her own activities or with other children. Code this at the beginning and at the end of the observation cycle.

Caregivers #1, #2, #3, #4 -- Identify the caregivers by ID number. If it is useful, also indicate a mnemonic for each caregiver you will be observing ("red dress," "stripes," etc.). Caregiver #1 is the target child's primary caregiver or the lead teacher if a primary caregiver is not assigned. For the purposes of the ORCE, a caregiver is defined as anyone who provides regular (at least 10 or more hours per week) care to the target child, or, in the case of group care, in the target child's room. The caregiver may or may not be specifically assigned to the target child. In group care this includes "floaters" who are regular caregivers in the program but divide their time across multiple rooms as long as they typically spend at least 12 hours a week in the target child's room. Some programs will explicitly define caregivers as floaters others will not. This doesn't matter for our purposes. "Caregiver" also includes "student" teachers, parent volunteers, etc., who may or may not be paid, who spend at least 10 hours per week, at regular times, in the target child's classroom. "Caregiver" excludes any adult who does not spend at least 10 hours a week, at regular times, in the target child's classroom, such as a center director who periodically passes through the classroom, a parent in a parent co-op who volunteers for less than 10 hours a week, a music teacher (who will undoubtedly spend less than 10 hours a week in the target child's room), etc. These non-caregivers are "other adults" - see below.

Other Adults -- This is the place to identify any people in the room who are not regular caregivers. Write a 1-4 word description of the "other adult", i.e. "parent of other child". Examples would be parents, volunteers, teenagers, friends of the caregiver who have dropped in for a visit. This includes parents/students/volunteers that work in the classroom less than 12 hours a week. We want to include "other" adults because these people may interact with the child. We want to record their interactions but to distinguish them from the caregivers'.

Available other children:

Code the number of children who are in the same room as the child. If there are no other children code 00. They may not be paying attention to the child; they may be involved with their own activities, but they are, at least, awake and visible to the child. Code this at the beginning and at the end of the observation cycle.

YOUNGER INFANTS: number of children present who are under 12 months of age.
OLDER INFANTS: number of children present who are 12-18 months of age.
TODDLERS: number of children present who are 1 1/2 to 3 years old. (18-36 months)
PRESCHOOLERS: number of children present who are 3 to 5 years old. (36-72 months).
KINDERGARTNERS: number of children who are 5 years old.
SCHOOLAGERS: number of children present who are 6 or more years of age (>72 months).

Asleep children:

Record the number of children for whom the caregiver(s) is responsible who are not "available," but sleeping. Although these children are not available partners for the child, they may affect the caregiver's availability.

b. Behavioral scales

POSITIVE AND NEGATIVE AFFECT

Responds to negative affect -- Caregiver/adult responds to the child's negative affect. Negative affect includes fussing, fretting, crying, screaming. It must be clearly negative and audible, not just a frown or whimper. It may be prolonged. It should demand a response. The response may be verbal (e.g., "Oh, Sandy, why are you crying?") or nonverbal (e.g., picks up and comforts). The adult does not necessarily meet the child's needs with her response, but she is at least sensitive to them. When the child expresses negative affect, the caregiver does not have to be within sight or even in the same room for her response (or lack of it) to be coded. If the child expresses negative affect, code Y = the caregiver responded or N = the caregiver did not respond. If the caregiver ignores some expression(s) of negative affect but responds to at least one expression of negative affect during the 30-second observation interval, code Y.

Shared positive affect -- The caregiver and child express positive affect toward each other within the same observation interval. They laugh or giggle together, smile at each other, the child makes positive cooing sounds while face-to-face with a smiling caregiver. The two do not have to be in direct physical contact or proximity but they do have to be involved with each other. The interaction does not have to be one-to-one; it may involve more than one child or more than one adult.

Positive physical contact -- The caregiver and child have positive physical contact. The caregiver holds or touches the child -- warmly and comfortingly, or affectionately, or playfully. Positive physical contact includes the caregiver's holding the child on her lap, but it is not simply picking the child up to move him/her somewhere. It may occur in the context of caretaking, but it is not routine caretaking alone. It must be active (not just passive contact as in snuggli or backpack). It must be intentional (not simply touching the child's arm in passing or patting the child's behind repeatly and absentmindedly while doing something else). Examples are kissing, rubbing, stroking, tickling, rocking, swinging, clapping, patting, holding close, hugging, cuddling, rubbing noses. If the caregiver's behavior has already been coded as responds to negative affect or shared positive affect within the 30-second interval, it would not be coded on this scale. It might be coded in the subsequent 30-second interval if it continued and the child's negative or positive affect did not.

LANGUAGE FOCUSED INTERACTION

All language coded in the ORCE is language by the caregiver/adult directed toward the target child or the group of children the target child is in. Each utterance is coded in terms of the language-focused scales only once in a given observation interval. The order in which the language scales are listed is the order of priority for coding (i.e., if the utterance is a response to the child's vocalization it is coded on this scale even if it is also in the form of a question; if it is a question, this takes coding precedence over "other talk.") An utterance may be coded in a nonlanguage-focussed category as well as in the language-focused category (specifically, if it is a response to the child's negative affect, stimulation of the child's cognitive or social development, a restriction of the child's activities, or a negative utterance to the child).

Responds to child's vocalization -- Caregiver/adult listens to child's vocalizations and then responds vocally. This does not include responding when the infant frets, fusses, cries, sighs, grunts, or laughs. These are not vocalizations but expressions of negative and positive affect and so responses to them would be coded in those categories. The child's vocalizations are words or babbling sounds. Examples: 6 months: when child imitates the caregiver or another person ("ba", "duh"...), the caregiver continues interaction, usually by imitating (Ba, ba...pa, pa"). 15 months: The child vocalizes "Ah, ah" (points) and the adult says "Doggie. That's a doggie." Child says "Uppy" and caregiver responds "Shall I pick you up?" 24 months: The child says "Me go." and the adult says "you want to go out?" 36 months: In response to "All the blockses is breaked", the adult says "Are all the blocks broken?" If the child articulates specific words, the caregiver uses the same words in a grammatically correct sentence and/or demonstrates pronunciation; makes deliberate attempts to promote language development; expands, extends child's utterances.

Reads aloud to child -- Caregiver/adult reads from book, magazine, paper, or any other written material to the child or to the group that the child is part of. This can be reading single sentences or a complete story, but it is definitely reading, not just pointing at pictures in a book (which might be stimulates cognitive development). The child may or may not be listening and learning; the point is only that the caregiver is reading. Examples: reading a story at circle time, reading as child falls asleep, reading poster on wall to child.

Asks question -- Caregiver/adult asks child a question. Any question that has not already been coded as responds to vocalization, regardless of content, should be coded. The question may be directed to the child alone or as part of a group. Examples: 6 months: "Are you going to give me a smile?" "Are you hungry now?" "Are you excited to see daddy?" "Do you want me to tickle your tummy?" 15 months: "Who is that? Is that your daddy?" "Where is your nose?" 24 months: "What do you have?" 36 months: "What you were doing outside?" "Do you want a turn on the swing?"

Other talk to child -- Caregiver/adult directs an utterance to the child either individually or as part of a group. Code only if the caregiver's talk has not already been coded into one of the previous language-focussed interaction categories. With a nonverbal child, the utterance may be baby talk, but it should contain words, not just noises (remember -- this is language focussed caregiver behavior). A single sentence will do. Examples: "Let's go outside"; "The bottle's empty - no more"; "Let's put your bib on."

Singing also would be other talk. If the observer cannot hear what is being said clearly, code it as "other talk."

STIMULATION

Stimulates cognitive development -- Caregiver/adult stimulates child's cognitive or sensorimotor development -- teaches, encourages a skill; gives child instruction of some sort. Tries to give the child a new idea or experience. The stimulation must be directed toward the target child. The child may in a group of children who are receiving a "lesson," but if the child is not really part of the group that the adult is teaching -- he is sitting to one side attending to something else, for example -- this would not be counted. It should be clear that the child is paying attention to the caregiver's stimulation attempt and potentially learning something. There should not, however, be any judgement of the age appropiateness of the stimulation. The interaction may be playful and enjoyable (e.g., singing the ABCs), but it must involve teaching, education, instruction, stimulation, not just soothing or simple play (like rough and tumble). Simply handing the child a toy does not suffice, even if the caregiver says

"Look at this." Giving a fussy child something to keep it quiet also does not count.

For young infants, stimulation would most likely be a motor skill like walking, climbing, rolling over; for older infants and toddlers, a cognitive skill like counting, letters, colors. Examples: 6 months: holding infant up so feet touch floor and making feet "walk"; encourging infant to roll over, to hold his own bottle; showing the infant a picture book and labelling the pictures; 15 months: teaching infant to drink from cup; teaching infant how to pick up a small object, how to put a bead in a bottle; 24 and 36 months: showing child how a toy, puzzle, mobile "works"; doing hand over hand on child's scissors; reciting ABCs.

Stimulates social development -- Caregiver/adult stimulates the child's social or moral development. She provides an opportunity to interact socially with another child. For example, at 6 months: putting child so he/she can see and touch another child; at 15 months: rolling a ball between them; at 24 and 36 months: helping them take turns on a slide, suggesting that they pull each other in a wagon, telling one child to look at what another child is doing. She teaches how to play a social game with her (e.g., patty cake or peek-a-boo) or with other children. She encourages children to share, cooperate, take turns, with her or with each other. She forbids child to hit another child, take his toys away, etc. She teaches social skills, rules. Example: 15 months: "Be careful you might know baby over." "I really like the way you shared your ball with Jimmy!" 24 and 36 months: clearing own cup and plate after eating, saying thank you. She explains reasons for rules/expected behavior -- for example, tells the child (the target child or another child who is interacting with or getting in the way of the target child) why it is that he/she must do something.

BEHAVIOR MANAGEMENT

Facilitates child's behavior -- Caregiver/adult helps, assists, or entertains child in some way. Caregiver may be responding to the child's need, bid, or signal (vocal or gestural), or initiating the action on her own. The child may be in a predicament, unoccupied, playing alone, or interacting with the caregiver. Examples: at 6 months: changing the child's position or adjusting 6-month-old so he can reach toy or roll unimpeded; picking up child who gestures "up"; handing child a toy to play with; playing with the child with a toy (not teaching him); tossing the child a ball or shaking a rattle in front of him; putting the spoon and food into the child's mouth if he is clearly indicating that he wants to be fed; taking away a picture frame the child is putting in his mouth and giving him a teether. At 15 months: helping child put on shoes, slide down a slide, moving chair out so child can sit down, retrieving a fallen toy; removing child from high step, from climbing up on a wobbly bookcase; removing another child who is threatening to hurt the child, At 24 or 36 months, helping child reach a toy from a high shelf; responding to child's effort to do something ("Do you need some help? Here let me do that."); giving the child a suggestion about an activity: "Why don't you ...." or offering a choice: "Would you like to play with the blocks?" "Would you like to play with the blocks or the cars?" "How about playing with the........?" Behavior on this scale should not be double coded with stimulation or restriction.

Restricts child's activities Caregiver restricts child's activities, either verbally or physically . Verbally. caregiver prohibits the child's action, whether the action is appropriate or not. Examples: says "No!" "Keep the crayons on the table." "Take that out of your mouth." "Turn the shirt right side out." "Stop fighting". Prohibits things child wants to do. Examples: says "No, you can't paint now." "Come back here, you are not going out." (The caregiver may or may not offer an explanation or justification along with the prohibition.) Physically, caregiver restricts child's actions with a physical barrier to block the child's movement, taking away a toy the child is playing with, or removing the child from an activity he is enjoying. The caregiver may be restricting a child physically by holding him, but it is not coded in this scale if it is not against the child's will. If the child is happily sitting on the caregiver's lap, this would not be restricting. If the child is not trying to escape or do something else (wriggling, fussing, reaching, etc.), then it is not restricting. This is a negative category. It would not be coded in the context of play unless the child clearly didn't want to play. Code in each minute the activity is restricted. This should be coded according to the caregiver's action rather than the child's reaction. It must be clear that the child's activity/ wishes/ desires or potential activity/ wishes/ desires are being thwarted, but it is not necessary that the child respond to the restriction negatively (although if he does, it is even easier to see that it is a restriction). Some children respond to restriction negatively; others ignore the restriction and turn to other activities. For both, their activities have been physically restricted. What would not be physical restriction would be a babygate at the other end of a room that the child never gets to, physically holding the child in a hug that the child is enjoying, or taking away a toy that the child is obviously through playing with.

Restricts in physical container -- The child's mobility or activity is restricted by being in a physical container. This is coded whether the restriction is seen as appropriate or not, pleasant or not. The experience can be a positive one for the child; the child may be playing in the container. Containers include: highchair, swing, sassy seat, crib, playpen, backpack, infant seat, walker, etc.

Speaks negatively to child -- Caregiver/adult says something negative to child: finds fault, threatens, speaks with hostility; snaps, insults, scolds, criticizes, yells. Either the caregiver's words or her intonation is negative. Examples: "Another dirty diaper??? I just changed you!" (said harshly) "Stop dragging that blanket all over the house right now!" "Did you hit Mary? Shame on you!" "Stop that right now. Wait till your mother gets here!" This category goes beyond a simple "no" (restricts activity); it must be a criticism or a derrogatory statement. (Do not double code with restricts activity unless there was a physical component to the restriction.)

Uses negative physical actions -- Caregiver/adult touches the child in a negative way (hitting, shaking, slapping, smacking, yanking, pinching, pushing, kicking, etc.) or puts in a physically aversive situation in order to punish or control the child (e.g., out in the cold).

CHILD'S ACTIVITY

The activity scales are mutually exclusive; a single activity cannot be double coded on more than one of these scales. If an activity seems to fit more than one scale (e.g., the child is engaged in solitary activity interspersed with brief intervals of watching), code it at the highest level (i.e., in the order of priority in which the scales appear on the form, which, for this example, would be solitary). There will always be at least one activity code checked for each 30-second observation interval. There can be more than one for each interval if more than one activity occurred for more than 5 seconds. The child must be involved in the activity for at least 5 continuous seconds for it to be coded.

Physical care -- Child is given physical caretaking by caregiver/adult. These activities are those necessary to take care of the child's physical needs. Examples: dressing, diapering, washing, going to bathroom, feeding, burping, bouncing to relieve gas, rocking child to sleep, putting on a sweater. Physical care does not include giving the child a pacifier or a wipe of the nose that lasts less than 5 seconds.

Other activity with adult -- The child is involved with an adult in an activity other than physical caretaking. The child and caregiver may be alone and the interaction one-to-one or the child may be part of a group of children (and adults) interacting. The caregiver may or may not be attending to the target child exclusively, but she must at least be involved with him/her (eye contact, physical contact, verbal contact), and the interaction must last at least 5 seconds continuously -- just a passing nod or word or just visual supervision from a distance is not sufficient to receive this code.

Activity with child(ren) only -- The child is playing with or close to other children. The caregiver may or may not be supervising the children but she is not participating. The children may be playing in parallel, interactively, or cooperatively. Examples: child crawls to chair where another child is sitting then crawls over to another child; child plays with blocks while another child plays with blocks nearby; children push each other in walkers; child sitting at same table as another looking at books.

Solitary activity -- The child is playing or exploring alone, with or without toys, without the involvement of an adult or other children. The child is clearly involved and interested in the activity; he is not just passing time (unoccupied). Examples: gross motor activity (running, jumping, climbing, swinging, bouncing in jolly jumper, climbing on jungle gym, riding trike, etc.); exploring, manipulating objects, playing with toys, exploring play space; feeding himself without adult supervision or participation; looking at book in corner while other children are outside; playing with blocks while other children are napping; fingerpainting while other children are some distance away.

Watching/unoccupied/transition -- The child is awake, but is not engaged in any observable activity; he may be waiting for the next activity to start (before eating, before going out to play, before being picked up, etc.), or he may be watching other people (adults or children) but not interacting with them. The other people are ignoring the child; they may be across the room or close up, but they are clearly not interacting with the child. (It may be the observer who is being watched by the child.) The child is not doing anything else at the same time (using or exploring a toy, interacting with anyone, being held). He/she may be holding a toy in his hands or mouth, but he is not exploring it. He/she may be aimlessly wandering around the room, but not running or jumping in fun.

Watching TV -- TV is on and the child is looking at it. Do not code if TV is simply on throughout the visit . Code only in those intervals that the child is observed to watch it and is not involved with other children or adults at the time.

CHILD'S INTERACTION WITH OTHER CHILDREN

"Other children" are children under 13 years. Code behavior in this category by judging what actions are directed to the target child rather than on how he/she reacts to the overtures of the other children. Code by judging what the target child is doing rather than on how the other children react to his/her actions and overtures. The target child must be aware of the other child's behavior; accidental bumps, kicks should not be coded.

Positive/neutral interaction -- The child gives or receives overtures from other children -- e.g., smiling, offering toys, playing interactively or cooperatively, playing with the same object, offering an object (even if it is not accepted). This is not a measure of high level, truly interactive engagements between children; any rudimentary attempts at interaction will do.

Negative interaction -- The child gives or receives unfriendly overtures from other children -- e.g., hitting, taking away toy that child wanted or was playing with, fighting.

There are no pages 91-95.

Sensitivity/responsiveness to distress

This scale focuses on how the caregiver responds to the child's cries, frets, or other expressions of negative affect. It is judged in the following three ways:

1) Proportion of distress signals responded to. The caregiver consistently responds to all distress signals.

2) Latency of response. The caregiver responds promptly. Mild fussiness does not require the caregiver to respond as quickly as does the child's acute distress.

3) Appropriateness of response. Appropriateness of the adult's behavior can generally be inferred by its effectiveness in soothing the child. However, the completeness of the response should also be taken into account. For example, a caregiver who responds distally (e.g., voice from the other side of the room) should not be judged as sensitive as a caregiver who approaches and/or picks up the child. Caregivers who do not acknowledge distress, even if the infant self-soothes quickly, should be judged as less sensitive than those who do acknowledge the distress, however short lived. Caregiving responses to infant distress generally involve speaking to the child, approaching the child, changing position, offering toys, patting, picking up, holding closely (especially in a ventral/ventral position), and rocking. Any of these or other behaviors can be considered appropriate if they appear to have the effect of soothing the

child. If the caregiver's first response to the distressed infant does not soothe the child, the episode should be judged as insensitive/unresponsive (even if the response was immediate) unless the caregiver proceeds to offer a "fuller" response (i.e., more proximal soothing behaviors).

Ratings on this scale are composed of both qualitative and quantitative dimensions. The proportion of signals responded to and the latency of response time should be evaluated in relation to the quality of the response. For example, if a caregiver responds slowly and infrequently to the child during the 40 minutes of observation, but his/her responses are appropriate and sensitive, he/she should not receive a rating of 4 but instead would receive a rating of 2 or 3. A caregiver might also receive a 2 or 3 for 40 minutes of immediate and inappropriate responses. A rating of 1 should be given for those caregivers who are so unresponsive or delayed in their responding, and/or who respond so inappropriately that it could be considered problematic. A rating of 4 should be given to those caregivers who exhibit immediate and exceptionally sensitive and appropriate responses.

If a caregiver other than the focal caregiver responds to the child's distress, it is not expected that the focal caregiver respond. These instances of distress should not be considered in evaluating sensitivity to distress.

1 = Not at all characteristic. This rating should be given to caregivers who are so insensitive and unresponsive that

it is worrisome. When the child cries or frets, the caregiver responds not at all, or very slowly or inappropriately. If there is a response, it is only after the child becomes very demanding, and the response is so delayed that it cannot be construed as contingent upon the child's behavior. A caregiver who typically appears oblivious or punitive to the child's distress would receive this score.

2 = Minimally characteristic. This rating should be given to caregivers who display infrequent or weak sensitivity/responsivity. The caregiver responds slowly to child distress signals, and appears more unresponsive than responsive. The responses tend to be minimal or perfunctory.. For example, the caregiver may talk to or briefly pat a crying child, but he/she does not pick up the child. The caregiver would not typically bring the child to a ventral/ventral position. He/she seems minimally interested in providing genuine comfort.

3 = Moderately characteristic. This rating should be given to caregivers who are predominantly sensitive/responsive. The caregiver typically responds promptly to child distress, demands, and signals, but there is some time in which clear child signals do not receive a response or in which the response is somewhat delayed. Some of the caregiver's responses are mixed, i.e., some half-hearted or perfunctory,

but the majority are full responses where the observer feels like "that was a good episode".

4 = Highly characteristic. This rating should be given to caregivers who are exceptionally sensitive and responsive to distress. The caregiver responds quickly and appropriately to the child's distress. If the child is upset, the caregiver takes time to soothe and calm the child. There may be proportionally few instances of ignoring and/or minimally responding to the distress, but overall most responses are prompt, appropriate, and effective.

9 = No opportunity to observe. No instances of child distress are observed.

Sensitivity/responsiveness to nondistress (adapted from Fish, 1990)

This scale focuses on how the caregiver observes and responds to the child's social gestures, expressions, and signals. The key defining characteristic of sensitive interaction is that it is child centered. The sensitive caregiver is tuned to the child and manifests awareness of the child's needs, moods, interests, and capabilities, and allows this awareness to guide his/her interaction.

If the child initiates social gestures and expressions (looking at the caregiver, reaching toward the caregiver, waving, clapping hands, handing objects), or makes demands, desires, or requests known (stretching arms to be picked up, reaching for toys the caregiver is holding), the sensitive caregiver responds appropriately.

If the child is uninterested, the sensitive caregiver takes time to reengage the child in a manner that demonstrates sensitivity to the child's mood. When the child is bored or frustrated, the caregiver offers toys or other distractions. When the child is interested and involved with toys, the sensitive caregiver allows him/her to independently explore them. During play, the sensitive caregiver provides one toy or game at a time and bases continuation on the child's response. How and what they play is geared to whether or not the child seems to be enjoying the activity. The caregiver does not persist with an activity or toy which the child is obviously not enjoying. During feeding, the caregiver follows the child's signals (open mouth, reaching, etc.) as to when the child wishes more food.

A sensitive caregiver provides stimulation that is situationally appropriate. He/she provides the child with contingent vocal stimulation and acknowledges the child's interest, efforts, affect, and accomplishments.

Sensitive caregivers can spend some time watching the child, but the difference between them and the detached caregiver is that the sensitive caregiver seems to be actively taking an interest in the child's activities, as evidenced by comments and embellishments when the child loses interest. It is at these times--when the child loses interest or is distracted--that the difference between the sensitive caregiver and the detached, understimulating caregiver is most easily seen; the detached caregiver does not respond, responds in a listless manner, or responds with developmentally inappropriate comments and behavior. The insensitive caregiver could also be overstimulating/intrusive and might continue in his/her attempts to engage the child even when the child is providing clues that he/she is seeking to end the interaction.

A sensitive interaction is well timed and paced to the child's responses, a function of its child-centered nature. Such an interaction appears to be "in sync." The caregiver paces games or toy presentation to keep the child engaged and interested, but also allows him/her to disengage in order to calm down and reorganize his/her behavior. Sensitivity involves judging what is a pleasurable level of arousal for the child and helping the child to regulate arousal and affect. When the child loses interest, the sensitive caregiver switches to a new tactic or toy and observes the child's reaction, or stops interacting entirely. In this way the sensitive caregiver can be distinguished from both an intrusive and a detached caregiver.

Markers of sensitivity include (a) acknowledging the child's affect; (b) contingent vocalizations by the caregiver; (c) facilitating the manipulation of an object or child movement; (d) appropriate attention focusing; (e) evidence of good timing paced to the child's interest and arousal level; (f) slowing the pace when the child appears overstimulated or tired (e.g., demonstrates gaze aversion, fussiness); (g) picking up on the child's interest in toys or games; (h) shared positive affect; (i) encouragement of the child's efforts; (j) providing an appropriate level of stimulation when needed; (k) sitting on floor or low seat, at the child's level, to interact; and (l) removing from crib within a few minutes after awakening, and putting to bed when obviously tired.

Thus, the sensitive caregiver demonstrates the ability to adapt interactions to the child's mood and level of development. The caregiver neither over- nor underestimates. The caregiver knows when it is time to increase or reduce the amount of stimulation the child is experiencing. For example, the caregiver discontinues an activity that is beyond the child's capacity for response or introduces a new activity when the child appears bored.

Ratings on this scale should be based on both quality and quantity of caregiver behavior.

1 = Not at all characteristic. This rating should be given to caregivers who are so insensitive and unresponsive that it is worrisome. There are almost no signs of caregiver sensitivity. Thus, the caregiver is either predominantly intrusive or detached. The caregiver rarely responds appropriately to the child's cues, and does not manifest an

awareness of the child's needs. Interactions are characteristically ill timed or inappropriate.

2 = Minimally characteristic. This rating should be given to caregivers who display infrequent or weak sensitivity/ responsivity. While the caregiver is sometimes sensitive, the balance is clearly in the direction of insensitivity. The caregiver may give some delayed perfunctory responses to cues.

3 = Moderately characteristic. This rating should be given to caregivers who are predominantly sensitive/responsive. The caregiver demonstrates sensitivity in most interactions but may neglect to give a fuller response.

4 = Highly characteristic. This rating should be given to caregivers who are exceptionally sensitive and responsive to nondistress. Instances of insensitivity are rare and never striking. Interactions are characteristically well timed and appropriate.

Intrusiveness (adapted from Fish, 1990)

Intrusive, insensitive interaction is definitely adult centered rather than child centered. Prototypically, intrusive caregivers impose their agenda on the child despite signals that a different activity, level, or pace of interaction is needed. High arousal, vigorous physical interaction, or a rapid pace are not, by themselves, indicative of intrusive overstimulation--if the child responds positively with sustained interest and is not engaging in defensive behaviors. It is when the child averts his/her gaze, turns away, or expresses negative affect and the caregiver continues or escalates her/his activity that intrusive behavior is evident. Intrusiveness is also apparent when the caregiver does not allow the child a "turn" or an opportunity to respond at his/her pace. Some intrusive caregivers persist in demonstrating toys to the child long after his/her interest has been gained and he/she obviously wants to manipulate the toy him/herself. These caregivers appear unable to relinquish control of the interaction in order to facilitate the child's exploration or regulation of the activity. Another controlling, intrusive behavior is displayed by caregivers who overwhelm the child with a rapid succession of toys or approaches, not allowing him/her time to react to one before another occurs. Extreme intrusiveness can be seen as overcontrol to a point where the child's autonomy is at stake. It should be kept in mind that a caregiver can become involved in play with the child without being highly intrusive.

Intrusiveness can also be displayed during routine care. During spoon feeding, a nonintrusive caregiver will wait for the child to open his/her mouth for food, whereas an intrusive caregiver will persist in trying to stick the spoon into the child's mouth, even as the child tries to turn away. An intrusive caregiver will tend to use any opening of the mouth to give the child another bite of food, even when the open mouth clearly has a social interactive intent (e.g., open-mouth smile, vocalization). A rapid pace of feeding is not in itself a sign of intrusiveness if the pace appears to match the child's desired focus on food.

Specific behaviors characterizing intrusive interactions include (a) failing to modulate behavior that the child turns from, defends against, or expresses negative affect to; (b) offering a continuous barrage of stimulation, food, or toys; (c) not allowing the child to influence the pace or focus of play, interaction, or feeding; (d) taking away objects or food while the child still appears interested; (e) not allowing the child to handle toys he/she reaches for; (f) insisting that the child do something (play, eat, interact) in which he/she is not interested; and (g) not allowing the child to make choices.

Caregiver actions which are clearly in the child's best interests, such as removing a child from danger, administering medicine, or putting an obviously tired child to bed, are not included in considerations of intrusiveness.

Ratings of intrusiveness must evaluate it from the perspective of the child.

1 = Not at all characteristic. This rating should be given to caregivers who display almost no signs of intrusive behavior.

2 = Minimally characteristic. This rating should be given to caregivers who display minimal intrusiveness. There is

some evidence of intrusiveness, but it is not typical. The caregiver may initiate interactions with and offer suggestions to the child which occasionally are not welcomed. The caregiver sometimes continues his/her activity after the child engages in defensive behavior, but does not escalate the activity.

3 = Moderately characteristic. This rating should be given to caregivers who are regularly intrusive. Caregiver intrusiveness occurs with moderate frequency.

4 = Highly characteristic. This rating should be given to caregivers who are so intrusive that it is worrisome. The caregiver is consistently and typically intrusive. Most of the observation period is marked by the caregiver completely controlling the interaction, allowing the child little self-direction in his/her activities. The caregiver allows the child little autonomy, and essentially negates the child's experience.

Detachment/disengagement (adapted from Fish, 1990 and Arnett)

The detached caregiver appears emotionally uninvolved or disengaged, and unaware of the child's needs for appropriate interaction to facilitate involvement with objects or people. This caregiver does not react contingently to the child's vocalizations or actions, and does not provide the "scaffolding" needed for the child to explore objects. Detached caregivers "miss" the child's looks to them or reaches for a toy, and their timing is out of synchrony with the child's affect and responses (although not the overwhelming barrage of stimulation that intrusive caregivers present). Simply allowing the child to play by him/herself is not necessarily a sure sign of detachment; this can be appropriate at times, such as when the child is playing happily or contentedly and the caregiver checks in with the child visually. The detached caregiver is passive, and lacks the emotional involvement that characterizes a sensitive caregiver. He/she appears uninterested in the child.

A caregiver receiving a high rating for detachment is considered to be insensitive. A low rating for detachment can signal either sensitivity or intrusiveness.

Detachment can be marked by (a) putting the child so he/she faces away from the caregiver, without attempts to visually "check in"; (b) presenting toys without first engaging the child or showing him/her how to manipulate them; (c) rarely making eye contact or rarely talking to the child; (d) not responding to the child's vocalizations, smiles, or reaches for toys; (e) an unawareness of the child's capabilities and appropriate activities; (f) positioning the child so that he/she cannot reach or manipulate a toy; (g) cleaning the child, rocking, diapering, or feeding in a mechanical, detached, distant way without social interaction; (h) ignoring the interesting things the child does; (i) letting the child play unsupervised without checking in; and

(j) continually calling the child "baby" instead of using his/her name. While an intrusive caregiver might persist in sticking a spoon into a child's mouth even if the child turns away, the detached caregiver does not respond to the child's bids to be fed (e.g., the child opens his/her mouth for the spoon and the caregiver neglects to then feed the child). Some detached caregivers place an overemphasis on the physical setting and other adults (e.g., visiting with other caregivers, filling out forms, straightening the room) instead of attending to the child.

This scale contains both qualitative and quantitative components. A caregiver who interacts consistently with the child but does so in a perfunctory or indifferent manner with little or no emotional involvement would be rated high on detachment.

1 = Not at all characteristic. This rating should be given to caregivers who display almost no signs of detachment or underinvolvement. When interacting with the child, the caregiver is clearly emotionally involved. These caregivers can be sensitive or intrusive.

2 = Minimally characteristic. This rating should be given to caregivers who display minimal detachment. While the caregiver is sometimes noninvolved, he/she is clearly more involved than not.

3 = Moderately characteristic. This rating should be given to caregivers who are predominantly detached. The caregiver is relatively more noninvolved than involved, but the detachment is not so prevalent that it is problematic.

4 = Highly characteristic. This rating should be given to caregivers who are so detached that it is worrisome. The child lies or sits without caregiver attention almost all of the time, even when the caregiver is within a suitable distance for interacting. In the minimal instances of involvement, the caregiver's behaviors are simple, mechanical, stereotyped, repetitive, and perfunctory. The caregiver is clearly not emotionally involved with the child, and appears to be "just going through the motions."

Stimulation of development

This scale measures the degree to which the caregiver tries to foster the child's development. A stimulating caregiver may take advantage of even simple activities (like feeding and diapering) to stimulate development, and will consistently engage in a variety of activities that can facilitate learning. The caregiver will make deliberate attempts to encourage the child's development, achievement, and learning.

Behaviors characterizing stimulation include (a) attempting to focus the child on an object or task; (b) focusing the child's attention on the perceptual qualities (sounds, colors, movement, etc.) of objects; (c) verbally responding to or expanding on the child's verbalizations or vocalizations; and (d) encouraging the child to actively participate in activities. However, caregivers who simply focus or encourage a child should not be given the highest scores. Higher scores should be reserved for those caregivers who (a) describe or label toys or objects, or demonstrate how they work; (b) stimulate the child's verbalizations or vocalizations and expand on them; (c) read or recite to the child; (d) encourage and reinforce the child's attempts at mastery, or challenge the child to try something new; (e) present activities in an organized sequence of steps; (f) teach the child or give him/her an opportunity to experiment with materials that illustrate or teach concepts; (g) ask questions that require problem solving; (h) label and interpret the child's experiences, (e.g. "You think that's funny"); and so on.

Activities involving strictly physical stimulation such as rough and tumble play, bouncing, and tickling are not considered as stimulating development per se, but it is possible for a caregiver to provide stimulation in these contexts if the caregiver expands on these experiences with verbal labels. This scale does not measure those activities that are only social (smiling) or caretaking (soothing), but stimulation can occur in these contexts as well.

The focus of this scale is on the amount and quality of activities that may ultimately enhance perceptual, cognitive, linguistic, and physical development. The caretaker's attempts may be less than perfect from a developmental psychologist's point of view, but they reflect the caregiver's belief that he/she is teaching the child. Simply placing objects in front of a child or handing him/her toys is not to be considered stimulating. Stimulation must involve effortful interaction with the child in the contexts described above.

All qualitative judgments must be considered in relation to the quantity of stimulation provided by the caregiver: How many of the available opportunities for stimulation were taken advantage of? A rating of 1 should be given to those caregivers who provide so little stimulation that it could be considered problematic for development. If a caregiver spends a very brief portion of the total 40 minutes in high-quality interactions with a child and provides that child with no stimulation for the remainder of the time, he/she would receive a rating of 2. A caregiver might also receive a 2 for 40 continuous minutes of minimal stimulation. A rating of 4 should be given to those caregivers who work at providing exceptionally advantageous stimulation.

1 = Not at all characteristic. This rating should be given to caregivers who provide so little stimulation that it is worrisome. The caregiver makes almost no attempts to teach the child anything or provide any stimulation. He/she may provide routine care but does not use it as an opportunity

for learning. The caregiver may ignore the child's activities or interact perfunctorily, providing no stimulation.

2 = Minimally characteristic. This rating should be given to caregivers who provide infrequent or weak stimulation. The caregiver's conscious and purposeful attempts to engage the child in development-fostering experiences are limited. He/she may label or demonstrate materials, but does so perfunctorily and with minimal elaboration.

3 = Moderately characteristic. This rating should be given to caregivers who provide adequate stimulation but could reasonably be expected to provide more and higher-quality stimulation. The caregiver does make some effort to provide stimulation, but does not consistently take advantage of opportunities to do so. Stimulation is not the main agenda. The caregiver may find some new ways to engage the child with toys, for example, but these ways are limited in number. Actions are likely to be simply repeated rather than thoughtfully varied. Caregivers who provide a rich linguistic environment but do not demonstrate the potential of toys or objects would receive this rating.

4 = Very characteristic. This rating should be given to the caregiver who is consistently stimulating and takes advantage of many activities as opportunities for stimulation. The caregiver provides frequent stimulation

through "lessons," explanations, activities, or toys. Teaching or fostering development is a primary intent of the caregiver's frequent interactions with the child. The caregiver thoughtfully varies and elaborates on these activities, providing numerous opportunities which are exceptionally advantageous to the child. He/she provides rich stimulation in terms of language, and embellishment of the potential of the physical world.

Positive regard for the child

This scale rates the caregiver's positive feelings toward the child, expressed during interaction with him/her. Positive feelings are shown by (a) speaking in a warm tone of voice; (b) hugging or other expressions of physical affection; (c) an expressive face; (d) smiling; (e) laughing with the child; (f) enthusiasm about the child; (g) praising the child; and (h) general enjoyment of the child. Positive regard is evident when the caregiver listens, watches attentively, looks into the child's face when talking to him/her, has affectionate physical contact, and is playful.

Ratings on this scale are based on both quality and quantity of positive regard.

1 = Not at all characteristic. This rating should be given to caregivers who display so little positive regard that it is worrisome. This rating can also be used for positive

expressions (laughing, smiling) that appear to be inappropriate to the situation or an inaccurate reflection of the caregiver's feelings. The caregiver may be expressionless or flat, or negative.

2 = Minimally characteristic. This rating should be given to caregivers who display infrequent or weak signals of positive regard. The intensity and frequency of behavioral indicators are both low.

3 = Moderately characteristic. This rating should be given to caregivers who predominantly display positive regard. More frequent and intense positive affect is shown than in the 2 rating, but the caregiver is not as consistently positive as those scored as a 4.

4 = Very characteristic. This rating should be given to caregivers who are exceptionally positive, in terms of facial and vocal expressiveness, and behavior. Affect is positive and spontaneous. The caregiver shows a range of expressions and behaviors which are all clearly positive. He/she clearly "delights" in the child.

Negative regard for the child

This scale rates the caregiver's negative regard for the child. Both frequency and intensity of negative affect toward the child are considered. Some markers of negative regard include (a) disapproval; (b) tense body; (c) negative voice when correcting; (d) abruptness; (e) tense facial muscles and strained expression; (f) harshness; (g) threatening the child or punishing without explanation; and (h) roughness in wiping the child's face, changing his/her diapers, or burping.

Ratings on this scale are composed of both qualitative and quantitative evaluations. The amount and intensity of negative affect exhibited is evaluated in relation to the duration of the observation period.

1 = Not at all characteristic. This rating should be given to caregivers who do not display negative regard for the child either in words or in expressions. No evidence of anger, distrust, frustration, impatience, disgust, general dislike, or other indicators of negative regard is observed in the caregiver's face or voice. The caregiver may be expressionless or flat, or positive.

2 = Minimally characteristic. This rating should be given to caregivers who display minimal negative regard. There is some evidence of low-intensity negative regard.

3 = Moderately characteristic. This rating should be given to caregivers who predominantly display negative regard. Persistent evidence of low-intensity negative regard or some evidence of more-intense negative regard is observed.

4 = Highly characteristic. This rating should be given to caregivers who are so negative that it is worrisome. Feelings of negative regard are expressed strongly, or

persistent moderate levels of negative regard are expressed. The overriding affect influencing the caregiver-child interactions is negative.

Flatness of affect

This scale measures how animated the caregiver is. Flat affect may reflect boredom, depression, fatigue, or distraction. Flatness is exhibited by blank, impassive facial expression, and flat tone in vocal expression. It is marked by a lack of animation. If the caregiver is watching the child with interest (eyes "bright"), it is a sign that the caregiver's affect is not flat. This scale assesses the caregiver's overall demeanor, not just animation with the target child.

1 = Not at all characteristic. This rating should be given to caregivers who exhibit almost no flatness. There is consistent animation in the caregiver's demeanor and behavior.

2 = Minimally characteristic. This rating should be given to caregivers who exhibit some flatness. The caregiver is usually animated, but there is some time when facial expression is blank and impassive.

3 = Moderately characteristic. This rating should be given to caregivers who are predominantly flat. Some periods of animation alternate with more clear periods of flatness than observed for a score of 2. Flat affect predominates.

4 = Highly characteristic. This rating should be given to caregivers who are so flat that it is worrisome. There is consistent absence of animation.

CHILD RATINGS

Positive mood

This scale assesses the extent to which the child is satisfied, content, and pleased with the situation overall. Measures of child positive affect include smiles, laughter, and positive tone of voice, as well as enthusiasm expressed with arms, legs, and body tone. Lack of positive affect may be manifested by a neutrality or negative mood.

Ratings on this scale should be based on quality and quantity of behavior. Attempt to balance both the intensity of the child's positive affect and the relative amount of time positive behavior is shown. A rating of 1 should be given to those children who exhibit almost no positive affect. If a child spends a very brief portion of the total 40 minutes exhibiting high positive affect and also displays negative affect, he/she would receive a rating of 2. A child might also receive a 2 for 40 continuous minutes of weak positive affect (i.e., contentment). A rating of 3 is given if the child is regularly pleasant, with some strong positive affect. A rating of 4 should be given to those children who regularly display high-intensity positive affect.

1 = Not at all characteristic. This rating should be given to children who display almost no signs of positive mood. The child's mood is either negative or no affect is displayed.

2 = Minimally characteristic. This rating should be given to children who display infrequent or weak positive affect. The child may show fleeting instances of strong positive affect paired with instances of negative affect, or the child may be characteristically pleasant, content, or satisfied throughout the observation period, without exhibiting any strong indicators of positive mood.

3 = Moderately characteristic. This rating should be given to children who predominantly display positive affect. The child exhibits several instances of strong positive affect (expresses enthusiasm, playfulness, smiling and laughter) and is frequently pleasant.

4 = Highly characteristic. This rating should be given to children who are exceptionally positive, in terms of physical and vocal expressiveness. The child displays multiple instances of strong positive affect and is characteristically "pleasant" for most of the remainder of the observation period. The child should truly "radiate" or "sparkle." For this rating, a child can have no episodes of strong distress.

Negative mood

This scale assesses the extent to which the child cries, fusses, frowns, tenses body while crying, or otherwise expresses his/her discontentment. Lack of negative affect may be manifested as either strong positive affect or contentment.

Ratings on this scale should be based on both qualitative and quantitative assessments.

1 = Not at all characteristic. This rating should be given to children who display no negative affect. There are no signs of strong (intense crying, body stiffening) or weak (fussing) negative affect from the child during the observation period.

2 = Minimally characteristic. This rating should be given to children who display infrequent or weak negative affect. The child displays fleeting instances of mild negative affect, but negative affect is more absent than present.

3 = Moderately characteristic. This rating should be given to children who display stronger negative affect. The child displays one or two instances of strong negative affect or is moderately discontented ("fussy") throughout most of the observation period.

4 = Highly characteristic. This rating should be given to children who display high levels of negative affect. The child displays several instances of strong negative affect

during the observation period and appears to be rarely contented.

Activity level

This scale assesses how motorically active the child is during the observation. The rating should take into account these aspects of motor activity: speed (moving fast, whether walking, crawling, or squirming); frequency (spending a lot of time in high energy activities); intensity (how energetic the activity); involvement (tendency to engage in high-energy games and gross motor activities over small motor activities); and a negative reaction to enforced nonactivity (reacting with restlessness).

1 = Not at all active. This rating should be given to children who are noticeably low key, passive, inactive, lethargic. The child typically stays in one place.

2 = Minimally active. This rating should be given to children who are minimally active. The child exhibits some activity.

3 = Moderately active. This rating should be given to those children who are predominantly active. Activity occurs frequently, and some or all movements are of high intensity.

4 = Highly active. This rating should be given to children who are overwhelmingly active. The child is constantly moving some body part; something is moving at all times.

The child prefers active games and activities to nonactive ones.

Sociability

This scale assesses the degree to which the child actively participates in his/her social world (adults or peers). Behaviors which can be considered to indicate sociability include vocalizing to, smiling at, waving to, sharing toys with, and touching partners. These behaviors may be initiated by the child, or be responses to others' signals or initiations.

Initiative and responsive behaviors must be construed to have a positive social interactive intent; a child who spends most of the time demanding to be held, although technically initiating, should not receive a high sociability score.

Ratings on this scale should be based on both quality and quantity of behaviors.

1 = Not at all characteristic. This rating should be given to children who display almost no sociability. There are no social initiations by the child or responsiveness to others' overtures. The child seems oblivious to the social environment.

2 = Minimally characteristic. This rating should be given to children who display infrequent or weak sociability. Social initiations or responses by the child occur, but they

are infrequent or ambiguous. The child is usually engaged in his/her own activity and seems to generally be uninterested in the caregiver and other children. Others must typically be persistent to gain the child's social interest, which tends to be brief and of low intensity (e.g., a look).

3 = Moderately characteristic. This rating should be given to children who are more sociable than not. The child initiates and/or responds, but the intensity and frequency of the child's behavior is less than a 4.

4 = Highly characteristic. This rating should be given to children who are very sociable. The child initiates and/or responds very frequently, using a variety of behaviors. There are multiple instances of the child directing clear, positive signals to other people and/or responding to others' initiations.

9 = No opportunity to observe. No occasions for child sociability were possible.

Sustained attention

This scale assesses children's sustained involvement with the world, including objects and people. The involved child focuses on the actions or interactions of others. The child's attention does not jump from one thing to another quickly. The child spends more than a minimal amount of time focusing on the object or person the child is in contact with. When focusing on an object or person the child really "focuses in." The uninvolved child may appear apathetic, bored, distracted, distressed, or aimless.

The focus of this scale is primarily quantitative. Ratings are based primarily on the duration of interactions with objects and individuals, and the overall amount of time spent in these interactions.

1 = Not characteristic. This rating should be given to children who display almost no sustained attention. The child moves from one thing to another in a nonsystematic way, without seeming to focus on what the objects/persons have to offer.

2 = Minimally characteristic. This rating should be given to children who are minimally involved with objects/persons and sustain attention for only brief periods.

3 = Moderately characteristic. This rating should be given to the child who spends more than the minimal amount of time involved in interactions with persons or things, but could reasonably be expected to attend longer. The child is more involved than not, and sustains this involvement.

4 = Highly characteristic. This rating should be given to the child who is clearly involved, interested, and focused most of the time. When the child is playing with objects or

persons, he/she is interested in playing with them and is engaged for extended periods of time.

d. Post observations interview with caregiver(s)

At the conclusion of each day of observation, the observer needs to ask one of the observed caregivers the "typical visit" questions in the post-observation interview. Although these interviews are enclosed in each observation packet, only complete one per day. First, record the ID number of the caregiver who is being interviewed. Then, sitting side-by-side with him/her, work through the questions. This should take about 3 minutes. Thus, at the end of the two days of observation, you will have 2 of these completed interviews.

GLOBAL SCALES

At the conclusion of each day of observation, complete the global scales. Although these scales are enclosed in each observation packet, only complete one per day.

Overall positive relationship between caregiver and child (love/attachment)

Caregiver is positive, affectionate to child -- to target child in particular, not just any child -- and child uses caregiver as source of comfort, someone with whom to share experiences.

There is a loving relationship between the two. "Love" is difficult to observe; it must be inferred on the basis of everything that occurs over the course of the observation, including mutual attentiveness, closeness of physical contact, tenderness, responsiveness, and care. The frequency of mutual positive regard, the caregiver's patience and sensitivity, and the intensity and tenderness with which all of these are expressed are all involved. The relationship may be expressed in exuberant actions such as snuggling and cooing or gentle ones such as quiet reassurance or warm holding and whispering. It is not pride, as in showing off the child to others, or the habitual smile used as a defense against apathy; rather, it is an spontaneous expression of strong (mutual) attachment.

1 = no evidence of a special loving relationship; caregiver never singles out the target child for special attention or affection; child indicates no preference for caregiver

2 = hints that a positive relationship may be developing, some evidence of positive feeling, but minimal

3 = definitely is a relationship but it is not strongly or uniformly positive; it may be ambivalent

4 = clear evidence of a strong loving relationship between caregiver and child

9 = inadequate opportunity to observe/rate -- impossible to judge the nature of the relationship between the caregiver

and child because they interacted so little (because of extenuating circumstances, not neglect)

Child-centeredness of care

1 = care is inadequate or barely adequate; what matters is the convenience of the staff. No adult is devoting her full attention to making the lives of the children better.

2 = care is adult centered: infants may receive adequate care, be responded to promptly, but this is largely in the service of adult goals. Care is never hostile, rejecting, or inappropriate, but it is also not marked by any special gentleness, respect, appreciation, interest in particular children, etc.

3 = care is somewhat/sometimes child centered

4 = care is consistently child centered: when adults talk to each other it is about the children. Children are talked about with pride, wonder, appreciation, and concern. When adults care for children it is with the goal of maintaining or improving their comfort, contentment, interest, etc., rather than with making the adult's experience more interesting. There is marked gentleness in handling, marked pride and affection in tone of voice, marked concern with children's well-being, and clear, concerted efforts to provide children with nurturing, stimulating experiences.

Coder's overall impression of child care

This is an overall global rating of the child care observed, ranging from terrible to excellent. It should be based on the quality of the child's experience, the caregiving provided, and the general ambiance of the setting (including what is happening to other children during your observation).

Maladaptive Behavior Checklist

Code yes or no to each item indicating whether you saw any of the caregiver or child behaviors as described at any time during your visits.

How typical was the observation

The purpose of these scales is to try to ascertain whether the observation was markedly atypical. Use your best judgment to rate how ill at ease each caregiver was. Ask each caregiver how disruptive he/she thought your presence was and code her response here. (Do not show her the scale.) Finally, indicate your impressions of how much the target child tried to interact with you.

F. Profile Observation Procedures

Two instruments are being used to provide a comprehensive assessment of the quality of the child's child-care arrangement. The Assessment Profile for Early Childhood Programs (Abbott-Shim

& Sibley, 1987) is used for all center-based arrangements; The Assessment Profile for Family Day Care (Sibley & Abbott-Shim, 1987) is used for all other arrangements, ranging from family day care homes to relative care (all settings that also serve as residences). There are a few items on this version of the Profile that will not be completed for arrangements in which the target child is the only child in care (i.e. item 12 for Safety and Health and all Individualizing items). If the caregiver has any of his/her own children at home at the same time, then code these items. These items are noted on the coding form. In addition, EXCLUDE the entire Profile when assessing child-care arrangements in which the child is cared for at the mothers workplace when this workplace is not a child-care center/home.

Note that this is a room-level assessment of quality. Thus, some items may not seem directly pertinent to a non-mobile infant. You need to rate these items considering the children who receive care with the target child. For example, it may not seem relevant that the handles of all pots on the stove be turned to the back of the stove. But it is important for creeping and standing infants - (which our target children will soon be). Think of these items as measures of the infant's child-care environment, not his/her direct caretaking.

1. Overview of the instruments

The Assessment Profile for Early Childhood Programs is an observational measure that provides a comprehensive, systematic assessment of center quality. The Profile is organized in a series of levels of increasing specificity. The first level is broad and include four program Components: Administration, Preschool, Infant, and School-Age. The 6-month assessment uses only the Infant Component. The next level is more specific and focuses on a number of Dimensions within each Component, e.g., Safety and Health. Each Dimension contains a set of Standards. Standards are general statements that represent values and expectations. Each Standards is supported with specific Criteria. Criteria are concrete, observable procedures, behaviors, and records that exemplify values and expectations.

Observations are recorded for Criteria as either "yes" observed or "no" not observed. To obtain the most accurate information, three methods of data collection are used: observation (O) of classrooms, review of documentation (D), and report (R) based on conferences with directors and staff. Observation involves observing for physical characteristics and interactions. Documentation involves a review of a variety of records. Report involves conferences with program staff and teachers. On the data code sheet, the observer has 6 response choices: Yes - O, R, D and no - O, R, D. Only one should be recorded per item to indicate simultaneously whether the criteria is a yes or no and how this information was obtained.

The Assessment Profile for Family Day Care is the counterpart to the Assessment Profile for Early Childhood Programs, adapted to suit the circumstances of home-based care. As with the Program Profile, the Profile for Family Day Care is organized in a series of levels of increasing specificity. Each Dimension (e.g., Learning Environment) contains a set of Standards. Standards are general statements that represent values and expectations. For example: "The arrangement of physical space encourages the child's independent exploration". Each Standards is supported with specific Criteria. Criteria are concrete, observable procedures, behaviors, and records that exemplify the values and expectations. For example: "Toys for child use are accessible so that children can reach them." Observations are recorded using dichotomous yes/no ratings, and the three methods of data collection -- Observation, Documentation, and Report -- are used.

2. Reduction of items

Due to time constraints, it is necessary to reduce the items on the Profile for the NICHD Study of Early Child Care. An initial decision was made to use three of the five Dimensions from the Assessment Profile for Early Childhood Programs: Safety and Health, Learning Environment, and Individualizing. Based on data from 40 center-based infant classrooms, provided by Martha Abbott-Shim, on which complete Profile data had been collected, part-whole correlations were exampled for each of these three Dimensions to determine the items with the highest correlations to the total scale score. Items with correlations of .40 or higher were retained and an alpha was run on the final, reduced Dimension. These were: Safety and Health = .70 (8 items), Learning Environment = .82 (10 items), and Individualizing = .85 (12 items). The Assessment Profile for Family Day Care was then reduced by cross-walking each item on the reduced version of the Program Profile to a comparable item (or set of items) on the Profile for Family Day Care. No data were available for checking the alphas on these reduced Dimensions. Thus, the reduced Profile for Family Day Care contains 27 items for the Safety and Health dimension, 8 items for the Learning Environment dimension, and 6 items for the Individualizing dimension.

ADDITION OF PHYSICAL ENVIRONMENT AND ADULT NEEDS SUBSCALES

Two dimensions of quality not included in the Profile were added. These are items regarding the physical environment (adapted from Wachs, 1986), and the Adults Needs subscale from the Early Childhood Environment Rating Scale (Harms & Clifford, 1980). The Adults Needs subscale was added to the center version of the Profile and not the home version.

3. Conducting the profile

Whenever possible, observation is the recommended information source. Ideally, to obtain an accurate representation of the activities and interactions, schedule observations to include a variety of events such as meals, learning activities, outdoor play, naps, and if possible, arrivals and departures of the children.

Focus your observations on what the target child experiences in his/her classroom. Before ending observations, review all Criteria designated with an "O" for Methods, to be sure that a response has been recorded.

Documentation involves a review of a variety of records that support child care services. The primary purpose for reviewing documentation is to verify specific child care practices. For example, written procedures for emergencies verify that the Provider is prepared to handle emergency situations; a child care handbook verifies that policies have been established and are available in a form that supports communication with parents.

Observations and a review of documents provide concrete evidence of the Provider's practices and procedures. However, there are many activities and procedures that occur and support child care which are not readily observable or represented in tangible documents. Consequently, the Profile also includes criteria which involve the Provider's reports. These Criteria are designated with an "R" under Methods and will involve information the Provider will be able to share to clarify observations, documentation, and procedures.

When items have more than one method designated, observation is the preferred form of data collection. However, on occasion, it is not possible to observe a Criterion. For example, it may not be possible to observe outdoor play because of inclement weather. These instances should be the exception rather than the rule and the information should be gathered through discussion with the Provider. In these instances, record your response under "R".

A yes/no column with O, R, and D response choices indicated is provided to record observations. All criteria are checked O, R, or D under "yes" if positively observed and O, R, or D under "no" if not observed, not observed to occur with consistency, or reported as "does not occur." A choice between "yes" and "no" is required for all Criteria. Some Criteria specify two conditions and both conditions are required to exist to score "Yes". This does not apply to items with "and/or" statements.

We recommend that the Profile be completed at the end of the first day's visit (3 hours of time in the arrangement), saving any items requiring documentation or reporting to be completed on day 2 during the staff interviews. In general, the child's classroom teacher -- in the case of centers -- will provide the best source for reported and documented data. On occasion, however, some data may need to be obtained from the center director. Do not change ratings made on Day 1 on Day 2, unless you see a violation of a Safety and Health item. In other words, if you have coded a "learning environment" item on day 1, and see something on day 2 that leads you to a different conclusion, do NOT change your code. It is only in cases of safety and health violations that you are allowed to change codes.

4. Entry into setting

Center: Start by asking the director for a tour of the facility so you can determine which rooms you will be coding. You will code rooms where care occurs for the target child, even if these rooms weren't designated previously. This is when you can ask whether caregivers are assigned to particular infants (item 4 in Individualizing).

Try to put the caregiver at ease by reassuring her you are interested in observing a **typical** day, and that you will try to be as unobtrusive as possible. Avoid eye contact with the caregiver and the children so as not to invite conversation or interactions, and try to keep your facial expression neutral. If the caregiver seems eager to talk, tell her there will be time during the interview to cover that particular issue, and make a note to talk about it later -- "I'm afraid I won't finish up in time; let's discuss that later during the interview" might be a helpful deterrent. Also, remember that the closer you are to the caregiver, the more likely it is that you will influence her behavior, so try to find a "vantage point" away from the caregiver from which to observe.

Family Day Care Setting: Find out what rooms the caregiver uses for care for the target child; again, you will be coding rooms where care occurs, even if these rooms are "off limits" according to the caregiver. The "Child Care Home" interview will be our "get acquainted" time. In resuming the role of observer, follow the pointers above about limiting eye contact, etc.; also, the use of headphones during the O.R.C.E. should further limit conversations with the caregiver. If there are children in the setting who are old enough to ask questions of you, the best advice is simply to remain as uninteresting and unresponsive as possible, without being cold or rude. Children are usually satisfied with a response such as "We're here to watch you play," or "We're visiting today."

Interview Items: Try to ask in a nondirective way in order to get at what the caregiver does -- some examples follow.

Remember: save interview items for last (Day 2). When observing on the second visit, do not change items unless you observe a safety violation (Safety and Health subscale only).

5. Clarification of items

Definitions of the items are presented in the following order:

(1) Assessment Profile for Early Childhood Programs (Safety and Health, Learning Environment, Individualizing, Physical Environment, and Adult Needs.)

(2) Assessment Profile for Family Day Care (Safety and Health, Learning Environment, and Individualizing.)

a. Assessment profile for early childhood PROGRAMS

Safety & Health

For all Safety & health items, if one example of an *unsafe or unhealthy* practice is observed then record the item "NO." One violation is cause for coding "NO." Only one hazard need be present for the item for a "NO" code, unlike the "dominant mode" criterion on the other items. Take into account how mobile the children are, and rate the environment according to the children using it, even if our target child is nonmobile.

1. Hazards are any conditions that present potential danger or harm to a child. Code for hazards present, not for anticipated hazards (e.g., code heaters at moment of visit).

2. High chairs must have safety straps that wrap about the child's stomach and between the legs to prevent slipping off

the high chair, under the tray, A tray is not sufficient to safely secure the child. Check that there is a strap for waist and for between the child's legs -- and that these are used. If you don't see the high chairs in use during your visit but the chairs with straps are available, code "YES". If the chairs with straps are available but the straps aren't used while the children are in the chairs, code "NO".

3. Cribs are safe - Mattress fits snugly within crib; mattress is low in the crib with at least 22 inches (about an arm's length) from the top of the railing to the mattress; side rails are raised and secured; distance between crib slats is no greater than 2 3/8 inches (about the width of three fingers) apart; no hanging crib toys are with reach of infant; no large toys which may become steps are in the crib.

4. Written emergency procedures and an evacuation diagram should be posed for all pertinent hazards which should be determined by the local geography or region of the country. For example evacuation procedures for flooding may not be a presenting hazard but earthquakes may be. In this case earthquake evacuation procedures should be posted but flooding evaluation procedures are not. Evaluation procedures should include specific directions for relocating non-mobile infants. A simple diagram is not sufficient, a written procedure (such as should windows be opened or

closed, take the roster, check specific areas of the classroom for infant, close the door, etc.) for relocating infants is posted. The diagram and the written procedures are intended for adult reference. Written procedures should include a narrative description for adults, and should include what is to be done with nonmobile infants. These instructions and diagram should be accessible, preferably within the room, or at least "geographically sensible."

5. Each disposable, or paper towel, is used exclusively for one child or by one adult to prevent the spread of germs. Individual cloth towels are OK. If they are available but you don't get a chance to see them used, code "YES". If they are available but you see them being used improperly, code "NO".

6. Plastic, rubber and cloth toys that are available for exchange are washed daily to disinfect. Washing can be done with disinfectant solution, soap and water, or in a dishwasher. Equipment, such as highchairs, walkers, swings, etc. are also washed daily. Disinfectant solution (1/4 cup bleach to 1 gallon of water) or other medically approved disinfectants are used. If a bleach and water solution is used, this solution must be mixed daily.

7. Diaper changing surface is not used for other purposes such as storing toys/materials, preparing food. This surface is not contiguous to food preparation and eating

tables or highchairs. "Away from food prep area" means noncontiguous with food prep area. "Used exclusively for diapering" means just that; no storage on diapering surface for non-diapering supplies, not even temporarily.

8. Note that there must be written descriptions of all three items plus written program guidelines for how to deal with them. You should ask to see these materials. They must be accessible to the teacher when he/she needs them -- ideally within the room -- the issue of proximity is important here. It is not necessary that this information be posted. Teachers must have ready access to this information, it may be in a classroom file. Program guidelines refers to the program policies and procedures which include instructions for when and how to provide treatment, or notification of parents or isolation, etc.

Symptoms of common illnesses: Colds - runny nose, congestion, fever (oral 100°F, rectal 100.5°F), warm to the touch, hills, rapid breathing, flushed face; Diarrhea - soft or liquid bowel movements twice or more a day, abnormal cramps; Chicken pox - mild fever, tired, headache, itchy rash that changes from red spots to blisters and forms scabs; Bronchiolitis - rapid shallow breathing, wheezing, fever, cough, loss of appetite; Measles - low fever, mild runny nose, swollen glands in the back of the neck and behind ears, raised spots, joint pain and swelling; Mumps -

swelling of salivary gland located in front of the earlobes, fever, loss of appetite, painful swallowing and chewing; Diaper rash - red patches with tiny pimples on skin areas covered by the diaper; Colic - infant may act hungry but cry part way through feeding, draws legs up to body and clenches fists; Earache - pain in the ear, rubbing and tugging at ear, inability to sleep, ear discharge, runny nose, congestion, fever.

Symptoms of physical and sexual abuse: Physical abuse - bruises, burns, welts; anxiety and fear of failure to such an extreme that child will not participate in activities; extreme aggression, particularly with brushes, brooms, rulers, tree branches; ducking or wincing at sudden adults moves; Sexual abuse - extreme changes in behavior such as loss of appetite; nightmares, roaming the house at night and fear of the dark; torn and stained underwear; vaginal infections or discharge or venereal disease; vaginal or rectal bleeding, pain, itching, swollen genitals; mature interest or knowledge of sexual behavior, expressing affection in ways unusual for a child of that age; fear of a particular person or an intense response to being taken to or left alone in a particular place; extreme aggressive or disruptive behavior or withdrawal.

LEARNING ENVIRONMENT:

Here you will code according to the "dominant mode," and you will have to judge whether the dominant mode of the setting fulfills the item requirements.

1. Physical boundaries are barriers that separate the play space from other classroom areas (such as sleeping, feeding, diapering, etc.) Physical boundaries include walls, shelves, bolsters, etc. A physical boundary is something an infant cannot crawl through. A table would not suffice. Walls, shelves, bolsters, etc. would.

2. Containers can be plastic baskets or boxes and should be of a size from which the infant can manage to obtain a toy or replace a toy. Shelves and containers should be at a level that is reachable to the infant so as to encourage infant exploration. These indicate containers that the child has access to and can manage.

3. Designated floor space is provided for infant play and creeping and protected from routine traffic paths of adults and their street shoes. The area must be protected from traffic patterns and street shoes -- even other children's shoes. The keywords for this item are nonmobile and creeping infants.

4. Materials that encourage large muscle exploration are readily approachable for infants. There should be three different types (i.e. 3 balls of different sizes would

represent 1 type of materials). "Types" means categories of toys, not, for example 3 sizes of balls.

5. Materials that encourage musical exploration are readily approachable for infants. There should be three different types (e.d. 3 different tapes cassettes would represent 1 type of material). Must be accessible without assistance from caregivers. Both a rattle and an overturned pan or pot qualify as musical instruments. Music being played (tapes, records) can count as a third music material even though it is not accessible to the child. A radio left playing constantly would not be a considered a musical material.

6. A special activity is a pre-planned activity that offers the infants a novel experience that would not occur on a routine basis. Special activities mean preplanned activity offering a novel experience. Use "R" (report) if you don't observe and to find out how often activities occur.

7. This system of toy rotation removes toys that infants have lost interest in and introduces additional toys that may have been stored or that are new. The emphasis of this item is the existence of a system or strategies to maintain infant interest. Sample queries: "How do you keep the children from getting bored?" "What do you do when the kids get bored?" "Do the kids get tired of the toys? How do you

keep them interested?" "Do you have any system for keeping the kids interested in the toys?"

8. Just consider availability, not necessarily use. There does not need to be enough for all the children. A backpack counts.

9. Three items minimum.

10. Toys and materials are exploratory and portable items for infant use. These are items available for use outdoors. Must be five items. These items should be accessible/available during your visit. To not take the provider's word that he/she has the items, you need to see them. It is okay if he/she rotates the 5 items so that only 2 or 3 are out at a given time.

INDIVIDUALIZING:

Again, code for "dominant mode."

1. Cubbies and containers may be baskets, boxes, bins, tote/diaper bags, or shelf-like structures with individual compartments. Can count shelf and hook. Can count totes or diaper bags.

2. Self-explanatory.

3. If more than one infant uses a crib, they must be scheduled to be present at different times of the day/evening. Both infant names should appear on the crib

along with the hours each infant will be in care. Crib must be labeled with name and schedule.

4. A teacher who is assigned as a primary caretaker assumes a major portion of the responsibility for the routine care and record keeping for a specific infant(s). Other teachers may be engaged with the infant, but primary responsibility is designated. This is information that you might have learned from the director, or as you first enter the room ("Does each infant have someone assigned to them?") This "assignment" would include routine care and recording information about the infant (e.g., feedings, diaperings, naps, etc.) If the doctor says there are assigned caregivers, but the caregivers say there aren't, or you observe that there is no system of care, code "NO."

5. A chart or list refers to a standard form with specific places to record individual infant information and includes at least sleep schedules and nutritional needs. This should be a standard pre-printed form, not just sheets of paper or a notebook, unless it is obvious that the notebook is used everyday and contains the same information as would be on a standard form. The issue here is intentionality -- whether there is a formal system with prompts for recording information about the infants. It should be readily available and used consistently over time.

Items 11 and 12: All these items have to do with assessments, parent conferences, and documentation, and could be covered in the interview by asking "Tell me about your procedure for parent conferences. What kinds of things do you discuss with the parents?" Generally speaking, the file should be a working file that the teacher keeps in the classroom. The calendar of parent conferences should be a written document, and you should be able to see the record of 2 past or 2 future assessments (item 11). Parent conferences are one-on-one, not in a group meeting, like the PTA. If item 6 is "NO," then items 7 and 12 are "NO" because they are dependent upon assessments being done.

6. A development checklist is a sequential listing of developmental skills.

7. An annual calendar is the teacher's document/record of two (2) past and/or projected dates for child assessments.

8. Self-explanatory, item examples provide elaboration. Look for a match between the child's level and the toys and experiences.

9. The focus of this item is on the procedure. Elements of this procedure might include who to contact, under what conditions, type of information to provide, format for follow-up, format for parent communication, etc. By procedure it is meant: a system of whom to contact, under what conditions, with what kind of parent follow-up, with

what format - written or verbal. It is ok if the director seeks the referral, but ask the director what her system is. Again, the issue is intentionality: is there a system that everyone knows how to use (including the parents)?

10. Teachers within a specific classroom and/or developmental group of infants have a minimum of one (1) hour joint planning time on a weekly basis. Naptime does NOT count.

11. Self-explanatory.

12. Self-explanatory.

PHYSICAL ENVIRONMENT

These items are adapted from Wachs (1986).

1. Code "YES" if there is a place for a child to escape to. It should afford a reasonable amount of privacy, away from traffic and from major sources of noise. This does not necessarily mean that the child has his/her own room. A loft or pillow corner would count as a "YES." It also does not necessarily require a "permanent" place; a quiet space can be created as long as it meets the criteria outlined above.

2. Crowding refers to the number of children and adults per available floor space. We have deliberately not quantified this item. Use your own judgment about whether the spaces where care for the target child occurs are

crowded, taking into account the child's freedom of movement.

3. Again, use your own judgment about whether the space is cluttered and disorganized. Consider the arrangement of toys, other materials, and furniture. Take the child's point of view and ask yourself if he/she experiences an environment in which toys and materials can reliably be found in the same place from day to day, rooms are consistently arranged, and there are not so many toys and materials as to be over stimulating/overwhelming.

ADULT NEEDS

1. An adult restroom and lounge are available, separate from children's activity areas. The lounge may be used, however, for children's activities on an occasional basis. The room contains adult furniture. Individual storage for teachers' belongings is available in the classroom or central storage is available in the lounge.

2. A professional library with current materials on a wide variety of subjects is readily available. Readily available means at the center (may be in the director's office) or in an adjoining building.

3. Regular staff meetings, which include staff development activities, are held. Regular means at least once a month.

Off-site inservice training cannot substitute for staff meetings.

4. An adult group meeting area and conference space are available. Dual use must not interfere with meeting and conference scheduling, or the conference area is separate from the children's activities areas and other dual use.

5. Parent/staff information is exchanged at regular intervals through, for example, parent conferences, newsletters, bulletin boards. Regular means on an on-going basis (bulletin board) or at least monthly (newsletter).

6. Parents are made aware of the approach practiced at the facility through, for example, information sheets, parent meetings, etc.). Parents may have input into planning and evaluation of the program.

7. Parents are welcomed to be a part of the program through, for example, eating lunch with the child, sharing a family custom with the child's class. Parents may be involved in decision making roles along with staff. Code "YES" if parents are given the opportunity to be part of the program, even if they do not take advantage of it.

b. Assessment profile for family day care

Safety and Health

Again, one hazard constitutes a "NO" item.

1. Items which are hazardous to children are not within reach of children. Dangerous items cannot be obtained without extraordinary means (such as pulling a chair and climbing). This item pertains to the kitchen, bathroom or diapering area, and all other areas of the home which the children are observed to use. "Out of children's reach" means reasonably secured based on children's ages and abilities to get to hazards. If child must go to extraordinary means to reach dangerous items then that are considered secure. This is one item when it is appropriate just to ask "Where do you keep cleaning supplies and sharps?" Ask her to show you where they are stored (observe).

2. Electrical appliances (such as toaster, record player, radio, etc.) cannot be obtained without extraordinary means (such as pulling a chair and climbing). Electrical cords are not visible or taped, tacked to prevent pulling or tripping. This item pertains to the kitchen and all other areas of the home which the children are observed to use. Cords can be taped, tacked, or out of sight.

3. Handles should be turned all the way toward back of stove.

4. Cleaning agents (such as ammonia, detergents, bleach, etc.) are not within reach of children. These items are in locked cabinet or cannot be obtained without extraordinary means (such as pulling a chair and climbing). Child-proof safety latches are considered to be "locks." These agents are not stored on counter tops where food is prepared or in cabinets where food is stored - not in any proximity to food.

5. High chairs must have safety straps that wrap about the child's stomach and between the legs to prevent slipping off the high chair, under the tray. A tray is not sufficient to safety secure the child. (See center version.)

6. Cribs are safe--mattress fits snugly within crib; mattress is low in the crib with at least 22 inches from the top of the railing to the mattress; side rails are raised and secured; distance between crib slats is no greater than 2 3/8 inches apart; no hanging crib toys are within reach of infant; no large toys which may become steps are in the crib. (See center version.) Putting a 6-month old asleep on a full-size bed is not safe; nor are preschool-size mats.

7. Pathway is a passageway in which children and adults walk or crawl as they go from one place to another within or between rooms. Toys in use are not necessarily considered hazardous.

8. Heaters and fans are protected if they are located high out of the child's reach or have a screen or barrier that prevents the child's reach. Baseboard heaters are not safe if left unprotected.

9. Inaccessible electrical outlets are located too high for the child to reach without extraordinary means or are located behind furniture too heavy for a child to move.

10 and 11. Good repair refers to free of potential safety hazards for the child.

12. Written emergency procedures and an evacuation diagram should be posted for all pertinent hazards which should be determined by the local geography or region of the country. For example evacuation procedures for flooding may not be a presenting hazard but earthquakes may be. In this case earthquake evacuation procedures should be posted but flooding evacuation procedures are not. Evacuation procedures should include specific directions for relocating non-mobile infants. A simple diagram is not sufficient, a written procedure (such as: should windows be opened or closed, take parent phone numbers, check specific areas of the hope for children, etc.) for relocating infant is posted. The diagram and the written procedures are intended for adult reference. Should include diagram and written instructions for adult use. The plan should include

instructions for what to do with nonmobile infants. Ask about the amount of time it takes to evacuate.

13. If children use both upstairs and downstairs, the stairs should have gates at both ends. Bare wooden stairs are not non-skid. If gates are there but not used, code "NO."

14. Each disposable, or paper towel, is used exclusively for one child or for one adult to prevent the spread of germs. If cloth towels are used they are used exclusively by one child. (See center version.) When only one child is in care, make sure that linens are not shared with any adults.

15. Must ask (report): "Tell me about how you handle the diapers?" "You must go through a lot of diapers! How do you keep up with them?" If cloth diapers and a diaper service are used (and picked up once a week, for example), the container should be cleaned out daily and the days' diapers stored elsewhere (basement?) until picked up.

16. A disinfectant solution of 1/4 cup bleach to 1 gallon of water or other medically approved disinfectant is used. If diapering surface is visibly soiled it must be wiped clean first and then disinfected. The use of protective tissue to cover the diapering surface is insufficient. Surface should still be disinfected unless tissue has a nonporous, plastic backing. Must be disinfectant such as

quarter cup bleach to gallon of water mixed daily or a hospital-approved disinfectant -- not Lysol, soap & water, or baby wipes. Paper or waxed paper covering diapering surface not sufficient unless hospital-type plastic-backed covering. Ask "What is the solution you're using to disinfect the diaper area?" if you cannot identify it.

17. Persisting odors are odors that linger more than 15 minutes. Lingering means odors linger/persist more than 15 minutes.

18. Plastic, rubber and cloth toys that are available for exchange are washed daily to disinfect. Washing can be done with disinfectant solution soap and water or in a dishwasher. Equipment, such as highchairs, walkers, swings, etc. are also washed daily. Disinfectant solution (1/4 cup bleach to 1 gallon of water) or other medically approved disinfectants are used. If a bleach and water solution is used, this solution must be mixed daily. This item applies even when there is only one child in care for purposes of disease prevention.

19. It is not necessary that this information be posed. Provider must have ready access to this information, it may be in a file. Instructions refers to policies and procedures for when and how to provide treatment, or notification of parents, or isolation, etc. A first aid manual plus information on illnesses is okay.

20. "S"-shaped hooks pinched into "8" are ok. If children play regularly in a park (caregiver has no yard), code the park. Can get report on park, but code as "R".

21. Sturdy equipment is firmly built, no evidence of bending or loose joints. Firmly anchored equipment is stable in the ground and does not lift up with use.

22. Adult gardening equipment and tools are secured in locked shed or garage or stored. These items are not within the child's reach and cannot be obtained without extraordinary means.

23. Play area fence must be a minimum of 4 feet high.

24. Self-explanatory.

25. The emphasis of this item is that a child cannot lock a bathroom door. If the door handle lock is covered with a child-proof cover to prevent locking, score this item "YES." But if the door can be locked, even though a key is within reach, score this item "NO."

26. Soap and water is necessary, baby wipes do not adequate cleanse and may NOT substitute for soap and water. This includes hand washing after blowing a child's nose. Score "NO" for even one missed opportunity.

27. This training must be current within the past two (2) years. Ask to see document; if it's not available, take her word for it. Must be infant CPR.

LEARNING ENVIRONMENT

Code per "dominant mode."

1. Accessible refers to the child's ability to physically reach the toys and allowed to access, or use the toys; has permission to select without adult assistance. Must be accessible and allowed to use freely. Do NOT count toys that the children bring from home.

2. Containers can be plastic baskets or boxes and should be of a size from which the infant can manage to obtain a toy or replace a toy. Shelves and contains should be at a level that is reachable to the infant so as to encourage infant exploration.

3. Materials that encourage musical exploration are readily approachable for infants. There should be three different types (i.e., 3 different tape cassettes would represent 1 type of material). (See center version.)

4. Materials that encourage large muscle exploration are readily approachable for infants. There should be three different types (i.e., 3 balls of different sizes would represent 1 type of material). An infant swing counts.

5. A special activity is a pre-planned activity that offers the infants a novel experience that would not occur on a routine basis. (See center version.)

6. This system of toy rotation removes toys that infants have lost interest in and introduces additional toys that

may have been stored or that are new. The emphasis of this item is the existence of a system or strategies to maintain infant interest. (See center version.)

7. Must observe in use, i.e., mere availability of item is not sufficient -- must see use of infant swing or infant carrier outdoors. An infant seat does NOT count.

8. Variety refers to three (3) types of toys and materials for outdoor use. Toys and materials are exploratory and portable items for infant use.

INDIVIDUALIZING

Code per "dominant mode"

1. Cubbies and containers may be baskets, boxes, bins, tote/diaper bags, or shelf-like structures with individual compartments.

2. Self-explanatory.

Items 3 & 4: Looking for a system rather than a pre-printed form, although that would be ideal. It must by a systematic way of documenting allergies and special needs such as medications that is used consistently over time. A notebook with dated pages and recorded information will suffice.

3. Forms include child's name, date, description of special need or allergy, and desired care.

4. A chart, or form, includes child's name, date, description of child's behavior or needs. Variation refers

to change in the child's routine behavior or needs with regard to sleeping, eating, toileting, end of day pick-up, etc.

5. Not a group presentation, but one-on-one with separate parent(s).
6. Not necessarily a form, but must be posted.

REFERENCES

Abbott-Shim, M., & Sibley, A. (1987). Assessment Profile for Early Childhood Programs. Atlanta, GA: Quality Assist.

Harms, T., & Clifford, R.M. (1980). The Early Childhood Environment Rating Scale. New York: Teachers College, Columbia University.

Sibley, A., & Abbott-Shim, M. (1987). Assessment Profile for Family Day Care. Atlanta, GA: Quality Assist.

Wachs, T.D. (1986). Models of physical environment action: Implications for the study of play materials and parent-child interaction. In A.E. Gottfried & C.C. Brown (Eds.), Play interactions: The Contribution of play materials and parent involvement to child development. Lexington, MA: Lexington.

G. HOME Observation Procedures

See Chapter 10, Sections 2 and 3. In general, the HOME should be completed over the course of the 2-day visit. Rather than sitting down at the outset and asking all of the questions, you should ask them as the visit progresses. This gives you the flexibility to raise an issue at an opportune moment. Towards the end of the second visit, go over your CC-HOME form to make sure all items are scored. As with the PROFILE, once an item is scored it is best to consider it final. Otherwise you will spend much of your time coding and recoding and you have other data collection to complete. This also implies that you should not complete an item until you are confident that you have sufficient information on which to base your judgment.

IV. TROUBLE SHOOTING

Here are some of the problems we have anticipated with suggested actions.

-The child is absent:

Try to find out why the child is not present. If the child is sick, call the parent to find out when the child will be back so that you can reschedule your observation within the 2 week window.

-The child goes to the bathroom (older children):

Stop the watch. Once the child returns to the room, begin the observation again.

-The children go for a walk, to the store, etc.:

Go with the flow.

-A crisis arises during your visit and the caregiver asks you to babysit:

You are not a babysitter and cannot be responsible for looking after the children in her care during her absence. He/she should make whatever arrangement he/she would have if you were not there. (However, when a conflict between scientific and ethical principles arises, be ethical, be humane, use common sense and good judgment, call your PI or PC.)

-A child is in danger and the caregiver is busy elsewhere:

Do not let an accident happen while you stand by. Alert the caregiver or intervene.

-The child lies down for nap or goes to sleep:

--during the first observation cycle on Day 1: If you have at least 20 minutes of the 30 minutes of Behavioral observation, do the Qualitatives based on that 20 minutes, then do the Profile observation. Ask the caregiver if the child is likely to awaken in the next hour or so. If this is likely, you may want to wait to do another observation cycle; if you do not want to wait, give the caregiver(s) the questionnaires, schedule a second visit and leave. You will have to do 3 observation cycles on Day 2.

--during the second observation cycle on Day 1: If you have at least 20 minutes of the 30 minutes of Behavioral observation, do the Qualitatives based on that 20 minutes, then do the Profile observation. Give the caregiver(s) the questionnaires, schedule a second visit and leave. You should do 3 observation cycles on Day 2 so that you can discard this short one, but if 3 cycles on Day 2 are not possible, this cycle will be used.

--during the third observation cycle on Day 1: This was your insurance cycle. If you have at least 20 minutes of the 30 minutes of Behavioral observation, do the Qualitatives based on that 20 minutes, then do the Profile observation. Give the caregiver(s) the questionnaires, schedule a second visit and leave. You will need to do 2 cycles on Day 2.

--during the first observation cycle on Day 2: If you have at least 20 minutes of the 30 minutes of Behavioral observation, do the Qualitatives based on that 20 minutes.

Ask the caregiver if the child is likely to awaken in the next half hour. If this is likely and you only did 2 observation cycles on Day 1, you may want to wait to do another observation cycle; otherwise, you will need to schedule a third visit. Do not do the interviews until you have (at least) 4 observation cycles complete.

--during the second observation cycle on Day 2: If you have at least 20 minutes of the 30 minutes of Behavioral observation, do the Qualitatives based on that 20 minutes. Then proceed with the interviews.

-The child becomes aware that you are observing her/him:
Stop the tape and turn your attention to another part of the room. After 2 minutes resume your observation. AVOID EYE CONTACT. LOOK AWAY, AT YOUR PAPERS, THE WALL, ANOTHER CHILD, OR THE CAREGIVER.

-The target child or another child persists in interacting with you:
Attend to the child briefly by telling her/him that you have to work. You can begin writing or redirect your attention elsewhere. If you were sitting, try standing up to do the observation. If you were located in the midst of the children's activity, try moving to another position.

-The primary caregiver is absent:

It is a good idea to call the director or caregiver just before you leave to go to the observation to make sure all the principal actors are present and accounted for, and that there is not an unforseen plague or other calamity giving you a reason to postpone the visit. Find out from the director how long the primary caregiver has been away and reschedule your visit. If this occurs a number of times and/or if the child's 2 week window is almost up, observe the child without the primary caregiver. Note this on the ORCE.

-The caregiver leaves or goes on break in middle of observation:

go on observing. When the observation is complete, if the caregiver is just on break, you can do the interview during or after the break; if the caregiver has left the premises you can do the interview over the phone. (It will be important to know the schedule of the primary caregiver, especially when he/she usually leaves, before you schedule your visit, so as to avoid these situations.)

-The caregiver refuses to participate in the study:

First, try to ascertain why the caregiver has concerns. If possible, try to answer the questions that he/she has. Explain the importance of her/his contribution. However, if the caregiver still refuses there is not much else you can do.

-The caregiver attempts to engage you in conversation during the observation: Let her/him know that you do want to talk, but that you have to time the observation. Tell her that you will have an opportunity to talk at the end of the observation (in about x minutes, or on your next visit).

-The mother shows up while you are observing:
Stop the observation and wait till she has gone to start it again. Perhaps you could do the Profile observation in the meantime.

-The caregiver asks you what you are observing:
Only general information should be given to caregivers and should be specific to questions actually asked. Emphasis should be on our wish to capture the child's experience in the setting and not on any desire to evaluate the quality or adequacy of the center, home, or caregiver. Emphasis should be on the "exploratory" (vs. evaluative) nature of the data collection: We don't know how children's experiences contribute to their development unless and until we collect information about those experiences.

-The parent asks for information about the child care setting:

Most times the person talking to the parents will not have any information about the child care setting because a different observer will be making these visits. Parents who ask, however, should be encouraged to observe in their own daycare sites, to talk to their caregivers about their concerns, etc. They should also be told that decisions about day care arrangements are personal ones, and that what makes one parent comfortable will not necessarily make another parent happy; hence our advice is not as important as the parents' personal observations and values. You could also say that the caregiver has signed a consent form assuring her that the information you collect will be confidential.

-The care you are observing is suboptimal:

It is our responsibility to report any clear cases of abuse or neglect (see Manual for 1-month visit for details). If care is not truly abusive or neglectful, however, although it may be chaotic, inattentive, noisy, or bleak, it is not appropriate for the observer to intervene or to report the inadequacy of the care to the parent. To do so would jeopardize our opportunity to gather data on less than ideal day care. Potentially life-threatening or injurious, but not abusive, practices (e.g., open fire, open stairway, open window, small toy parts available to children, etc.) should be brought to the attention of the caregiver(s)/director and to your PC and PI. If not remedied it may be appropriate to bring it to the attention of the parents.

-The caregiver asks for information about child care, the child, child abuse, etc.:

Tell the caregiver you need to check with the PI/PC, and then together you can come up with some reasonable and specific answer. It has been suggested that we put together a packet of resources for caregivers, but I think we should just have such a packet on the PC's desk and draw from it selectively and only as requested/required.

VI. APPENDICES

A. Recruitment Letter for Child-care providers

Dear

As you may already know, (child's name) is taking part in an exciting and important study -- the National Institute of Child Health and Development Study of Early Child Care. He/she has been in the study since he/she was born.

The study aims to learn how the different people, places and events in the lives of young children affect their development. Enclosed is a brief description of the study that tells you more about it.

Because child care provided by adults other than parents is such an important part of children's early experiences these days, we would like to see (child's name) in his/her child care setting. We would like to come and see (child's name) when he/she is with you. His/her parent(s) have given their permission.

We know you are busy, but we would not disrupt your routine and we would try to work around your schedule. You would not need to do anything special because we were there. We want to see what (child's name) is usually like when he/she is with you. One of our staff would just watch (child's name) doing whatever he/she typically does and ask you some questions about his/her activities and about your background and experiences. Some of these questions can be answered during the visit; others would be answered on a form that he/she would leave for you to fill out.

Your participation in the study will provide valuable information which will help all of us learn more about young children's development.

In appreciation of your help we will pay you $40.

We will be calling you to tell you more and to answer any questions that you may have about the study. If you want to call us in the meantime, the number is.....

B. Confirmation Letter to Home Care Provider

Dear

Thank you for agreeing to participate in the National Institute of Child Health and Development Study of Early Child Care. It is very important for us to be able to observe (TARGET CHILD) while in your care. Your willingness to let us visit will help us understand how both family care and child care can affect children's development.

As we discussed on the phone, we have scheduled the first of our two visits on __________________________ from ______ to ________ (approximately). The second visit will be on _____________ from ___________ to _________ (approximately).

With this letter, we have enclosed a brief description of the study and our visits [FOR SITES THAT NEED TO SEND CONSENT FORM IN ADVANCE: and a copy of the consent form (we will bring an extra when we come)]. When we come for the visit, we will ask you to sign a consent form, assuring you of the confidentiality of our observations.

Once the visits are completed we will make you a gift of $40, in appreciation of your time, and, if you are interested, we will send you a report of the findings when the study is completed.

I will call you the day before the first visit to confirm the visit. Please call us if you have any questions before then (phone number).

Yours sincerely
Staff Member
Project Coordinator
Project Director

C. Confirmation Letter to Center Director

Dear

Thank you for agreeing to participate in the National Institute of Child Health and Development Study of Early Child Care. It is very important for us to be able to observe (TARGET CHILD) while in your care. Your willingness to let us visit will help us understand how both family care and child care can affect children's development.

As we discussed on the phone, we have scheduled the first of our two visits on ____________________________ from ______ to ________ (approximately). The second visit will be on ______________ from ____________ to _________ (approximately). Please talk to the caregivers who take care of (TARGET CHILD) before we come to visit. This is very important.

With this letter, we have enclosed (1) a brief description of the study and our visits (for you to post if you wish) and (2) a questionnaire that we would like you to fill out [FOR SITES THAT NEED TO SEND CONSENT FORM IN ADVANCE: and (3) a copy of the consent form (we will bring an extra when we come)]. When we come for the visit, before we begin our observation, we will ask you and the staff who participate to sign a consent form, assuring you of the confidentiality of our observations.

Once the visits are completed we will make a gift of $40 to the center, in appreciation of your time, and, if you are interested, we will send you a report of the findings when the study is completed.

I will call you the day before the first visit to ask you some questions about your program. This will save time during the actual visit. Please call us if you have any questions before then (phone number).

Yours sincerely
Staff Member
Project Coordinator
Project Director

D. Description of Study

Children born today will be growing up in a world different from that of their parents. How will growing up in the 1990's affect children's development? To answer this most important question for American's future, the National Institute of Child Health and Human Development has funded the Study of Early Child Care.

The Study of Early Child Care is being conducted at ten different sites in the United States. The main aim of the study is to learn about the variety of people, places, and events that children experience in their early years and the many pathways that lead to healthy development. Aspects of development that are being studied include social relationships, language, intellectual abilities, and health.

Families become involved in the study on a voluntary basis soon after the infant's birth. Several times during the three years that the families are involved in the study, the children and their parents are observed and interviewed. Parents are asked to describe their views about child rearing, their feelings about working and parenting, and their perceptions of the child's personality and behavior. Because child care outside the family is also an extremely important setting in which children grow and change, caregivers are asked to participate as well.

E. Visits to Child Care Settings

Each child in the study is visited in his or her care setting on two different days, when he or she is 6, 15, 24, and 36 months of age.

At the first visit, a staff member observes the child for about 3 hours. He/she tries not to interfere with the usual routine in the child's room. At the end of the visit, he/she leaves a questionnaire for the child's caregiver(s) to fill out before the second visit. These questionnaires contain questions about the child and about the caregiver's views on child care.

At the second visit, the staff member again observes the child for about 3 hours. Then, he/she talks to the caregiver(s) briefly about the child's activities and about the caregiver's education and experience. This takes no more than 20 minutes of the caregiver's time, and the staff member works around her schedule.

Because we want to see what usually happens when children are in child care, we try to make our visits interfere with the caregiver's routine as little as possible.

The results of this study will not only guide policy makers, but will also be of more immediate use to parents and child-care providers as they engage in the rewarding, but challenging, responsibility of rearing young children.

F. Consent Form

Children born today will be growing up in a world different from that of their parents. How will growing up in the 1990's affect children's development? To answer this most important question for America's future, the National Institute of Child Health and Human Development has funded the Study of Early Child Care.

The University of California - Irvine, is one of 10 sites across the country conducting this study. The purpose of the study is to learn about the variety of people, places, and events that children experience in their early years and how these relate to their development. Children are observed periodically from the time they are one month old until they are 3 years old. Their parents are interviewed about the children's experiences at home and in other settings.

You are caring for one of the children, (name), who is participating in the study. We wish to watch the child while he or she is with you. The child's parent(s) have consented to this visit.

We will try not to interfere too much with your routine. A staff member will come to watch the child for about two hours, on two different days. You do not need to do anything differently for the visits. We want to see what usually happens when the child is with you. After the staff member has finished watching the child, he/she will talk to you about the child's activities and your experiences in looking after children. He/she will ask you some questions about your education and goals. Some of these interviews may be taperecorded. The staff member will also have you fill out a form asking about the infant and about your experiences and your views on childrearing.

Our visit with you will help everyone understand how both care at home and in child care can lead to healthy development.

At the end of our two visits you will be paid $40 in appreciation for your time.

Your identity will, of course, be kept completely confidential. All of the data we collect will be given a code number and will not be identified by name. Access to the data will be restricted to people who work on the project. We will not be sharing the observations made in your center or home with [the child's] parents. The information we obtain will not be used for any purpose other than research.

You may withdraw your consent for the observation and you may refuse to answer any questions at any time without penalty. [We do not expect that it will ever happen, but we are required by law to report any incidents of serious abuse or neglect that we observe. THIS STATEMENT MAY NOT BE REQUIRED AT ALL SITES -- CHECK]

Signing this form indicates that the study described above has been explained to you, and that you voluntarily consent to participate. It also indicates that you have had an opportunity to ask questions and understand that future questions you may have about the research or about your rights as a participant in the study will be answered by one of the investigators.

____

Director/Care provider

____

Teacher/caregiver

____

Teacher/caregiver

____

Research staff member

____

Date

G. Materials Required for Child Care Assessments

Administrative manual for child care assessment

Face sheet for child care information collected from mother preceding visit

Recruitment and confirmation letters

Consent form for care provider(s)

Return envelopes for questionnaires

Director phone interview

Director questionnaire

ORCE

PROFILE observation forms (home and center versions)

HOME (for in-home arrangements)

Caregiver interviews (father, home, and center versions [long and short forms])

Caregiver questionnaires:
- Drop off/pick up
- Modernity
- Caregiver stress
- Temperament

Mother child care assessment questionnaire

Child Care ID Worksheet

H. Observation Schedule Face Sheet

OBSERVATION SCHEDULE FACE SHEET

Centers only:

Director telephone Interview: Date/time ____________________

Interviewer ____

For all types of care: (CHILD MUST BE ENROLLED AT LEAST 2 WEEKS)

FIRST VISIT	SECOND VISIT
Date/time ________________________	Date/time ________________________
RA Name ________________________	RA Name ________________________

DATA COMPLETION

ORCE packets (4) ________________

Profile ________________

HOME (not centers) ________________

Director interview
(centers only) ________________

Caregiver interviews ________________
(max of 3) ________________
____

Questionnaires:

(1) Temperament ____________

(2) Drop-off ____________

(3) Pick-up ____________

(4) Child-rearing ____________

(5) Caregiver stress ____________

COMMENTS:

I. Child Care ID Worksheet

Child Care ID Worksheet

Observation Cycle # ____

Behaviorals	Temporary ID*	Final ID Description**	REL	ASSIGN	QUALS?***	GLOBALS?	INT/QUES?
Caregiver 1							
Caregiver 2							
Caregiver 3							
Caregiver 4							

Observation Cycle # ____

Behaviorals	Temporary ID*	Final ID Description**	REL	ASSIGN	QUALS?***	GLOBALS?	INT/QUES?
Caregiver 1							
Caregiver 2							
Caregiver 3							
Caregiver 4							

Observation Cycle # ____

Behaviorals	Temporary ID*	Final ID Description**	REL	ASSIGN	QUALS?***	GLOBALS?	INT/QUES?
Caregiver 1							
Caregiver 2							
Caregiver 3							
Caregiver 4							

Observation Cycle # ___

Behaviorals	Temporary ID*	Final ID Description**	REL	ASSIGN	QUALS?***	GLOBALS?	INT/QUES?
Caregiver 1							
Caregiver 2							
Caregiver 3							
Caregiver 4							

Observation Cycle # ___

Behaviorals	Temporary ID*	Final ID Description**	REL	ASSIGN	QUALS?***	GLOBALS?	INT/QUES?
Caregiver 1							
Caregiver 2							
Caregiver 3							
Caregiver 4							

*Use A,B,C,D, etc.

**Use first name, appearance, etc. to assure you will keep this person consistently identified across observation cycles and days.

***Indicate whether the person is Caregiver 1, 2, or 3 for the Qualitative ratings conducted after each Behavioral rating cycle. If not considered in Qualitative ratings, leave blank.

J. Worksheet for Assigning Final Child Care IDs

Use this sheet to record final ID's and match them with actual programs and providers. This must never be sent to the Data Center and should be kept in a locked file at all times, for completion and reference only by the PIs and Site Coordintors.

In the case of center-based programs, record the name and ID of the director, and then record the names and IDs of all providers observed in this center. For all other arrangements, only names or providers will be recorded. Be sure to list each provider by Child ID. This is the only way we will know when multiple providers were seen in a single arrangement.

When the same provider/center is used by more than one study child, USE THE SAME FINAL ID NUMBERS.

Child ID	Name of Director	Name of Provider(s)	Temporary ID	Final ID
E.G.:				
32001	Susan Smith		A	8720001
32001		Mary Brown	B	8420002
32001		Cathy Morris	C	8510003
32001		Steve Reynolds	D	8520004
32002		Mike Sterling	A	8130005

K. Training and Reliability for Live Ratings

Becoming reliable on the qualitative and behavioral ratings, and on the Profile and the Child Care HOME, requires that observers (a) be extremely knowledgeable of the coding manuals, (b) apply this knowledge to the task of watching children and caregivers, and of rating environmental quality, and (c) use the same metric in their assignment of ratings as that used at the other nine sites.

The task of creating reliable raters across 10 sites as part of a longitudinal study is formidable. The successful implementation of the qualitative and behavioral scales is dependent upon observers in all the sites using the same "cut" points when they make their ratings. Similarly, it is crucial that observers code the Profile and Child Care HOME comparably.

But, there are many difficulties. Not all observers will be attending the training in Virginia (March, 1991). A method of training the people who do not come to Virginia had to be found. Another difficulty is that consistency in ratings must be maintained over a 10-month period. Observer and site drift must be minimized. Also, because new observers may be joining sites as the study progresses, a way had to be found to insure that these new observers are trained in precisely the same way as previous observers. A final difficulty in this 10-site collaboration is that child care quality may vary systematically across sites, resulting in a different internalized metric at different sites.

For each of these reasons, we adopted a strategy of using comprehensive training films with accompanying text that can be used and studied at each site for the qualitative and behavioral ratings. These training films are to be used at the Virginia training for the 6-month child care observations. In addition, a copy of the complete training materials (videotapes and accompanying text) will reside at each site and at the Data Center. The Profile and Child Care HOME measures cannot be captured on video, and require somewhat different training and reliability procedures, as described below.

1. Preparation of Training Tapes for the Behavioral and Qualitative Ratings

An important component of training is for coders to experience the full range of child care settings and experiences. Therefore, videotapes of infants in day care centers, family day homes, nanny care, father care, and grandmother care were collected. Infants were videotaped during feedings, diapering, play periods, and when they were left unsupervised. Infants were also taped in child care situations that varied widely in quality. Diversity in terms of the infants' and caregivers' ethnicity, race, social class, and geographic region was important. From this video library composed of over 80 hours of tape representing nine sites in the network, training films for the qualitative and behavioral ratings were created. These films were created in order to expose coders to the greatest diversity in child care experiences within a reasonable period of time.

The assignment of qualitative ratings was first made at the Wisconsin site. Deborah Vandell worked with her staff (Anne Stright, Mark Bailey, Sheri Hembree, Kim Pierce, Randy Glysch, Sook-Ryong Kim, Nina Postanogova, Julie Potrykus, Fay Maas) to assign ratings and write justification for those ratings. These tapes and coding decisions were then reviewed by Jay Belsky, Margaret Owen (aided by Beth Bontempo and Beverly Mulvihill), Kathleen McCartney, (aided by Nancy Keefe and Fran Chickering) and Martha Cox, who were in general agreement with the ratings. Based on their feedback, some minor modifications in justifications and ratings were made, resulting in these NICHD Child Care Training Materials.

The assignment of behavioral ratings was made at the New Hampshire/Wellesley site. Kathleen McCartney and Nancy Keefe developed and then independently coded the same videotapes that were created at the University of Wisconsin by Deborah Vandell and her research team.

2. Training Procedures for the Qualitative and Behavioral Ratings

Two members of each research team from the ten sites will be trained in the complete child care assessment procedures March 9-15 in Charlottesville, Virginia. Deborah Phillips organized this training with the assistance of her research team -- Kate Berry, Mary Van Verne, Sarah Erwin, Rhonda Zehr, Gabe Kuperminc, and Preston Britner -- as well as with substantial preparatory work from Deborah Vandell and Kathleen McCartney, and their research teams. Annette Sibly, co-author of the Profile, attending to provide training on this measure, and Judith Brisby attended to provide training on the Child Care HOME.

Training on both the behavioral and qualitative ratings goes through a series of tapes designed to prepare observers incrementally for their task.

a. Qualitative Ratings

Training on the qualitative ratings goes through a progression of steps designed to prepare observers incrementally for their task.

Step 1 - Prior to beginning formal training in Virginia or at their home site, coders are expected to be extremely knowledgeable of the coding manual. They should be able to define and know the four tpoints of each qualitative scale. They should also be able to supply illustrative examples of each concept. Trainees should be able to pass a written test demonstrating their knowledge of all qualitative items.

Step 2 - The next step of training is to illustrate via multiple tapes snippets taken from diverse child care settings what is meant by each item on the scale. To this end, for the qualitative rating scale, there is a ONE-HOUR VIDEOTAPE illustrating both the positive and negative end of each scale. For example, this tape shows several instances of what we mean by caregiver sensitivity to distress, as well as, several instances of caregiver insensitivity. Multiple exemplars of caregiver positive and negative regard, stimulation of development, and each of the other scales are also provided. Written text describing each snippet and coding decisions relevant to the snippet are to be provided during training.

Step 3 - The third step of the qualitative training consist of learning the cut points for the sacles (2-hour training module). This session has trainees view ten 10 minute videotaped segments selected to expose trainees to a wide variety of child care settings. All of the trainees can view a video segment simultaneously, but they are instructed not to make comments to each other. They are to make written notes as they view the segment. After viewing each segment, trainees independently rate the segment using the qualitative rating scales. Their rating for each scale is noted. Immediate feedback as to the accuracy of the segment ratings, in comparison to the master ratings, is then given. Part of this feedback consists of presenting and reviewing written justifications for each scale, i.e., why we assigned the rating that we did. When the feedback from one segment is completed, trainees then move on to the next 10-minute segment and go through the same process. Because these segments are supposed to familiarize the trainees with decision rules and cut points, high reliability may not be achieved on the scales, particularly in the first of the tapes being reviewed.

Step 4 - During this two-hour session trainees learn to observe longer segments of behavior (four 15-minute segments). Once again, observers will be asked to view a single segment, independently make their judgements, and then receive feedback as to the coding decisions and justifications of the master coders.

Step 5 - The next four hours of training (divided into two 2-hour sessions) enable the trainees to practice making ratings over 40-minute periods, the actual duration of their observations in the field. For this part of the training, trainees will complete the behavioral ratings for 30 minutes. They will observe for one minute and then record their observations during the next minute. During the "record" periods, notes relevant for the qualitative ratings will be made At the conclusion of the 30 minutes allotted to the behavioral scales (15 one-minute observation periods and 15 one-minute record periods), trainees will spend ten minutes focussing exclusively on the qualitative ratings, taking notes on behaviors relevant to each scale. Qualitative ratings will then be assigned at the end of the 40-minute segment based on 15 minutes of observation during the behaviorals and the 10 minutes at the end of the period. Once again, verbal and written feedback in the form of the master coding decisions will be provided for each segment rior to moving to the next segment.

Step 6 - The next part of the training occurs after observers return to their home sites. Trainees should re-play each training tape to practice completing the behavioral and qualitative scales.

During practice, trainees assessments should be done independently, with trainees comparing their ratings and scores with the master ratings only after they made their own independent judgements.

Trainees should then carefully study the written justifications and explanations provided for each training tape.

Trainees should then practice doing "live" behavioral and qualitative ratings at their home site using a variety (types and qualities) of child care settings. Ideally pairs of observers will make observations that they can compare at the end of 40 minute periods.

A minimum of one visit per week should be completed during this practice period. Questions regardint these scales or coding decisions should be directed to Kathleen McCartney (behavioral scales) or Deborah Vandell (Qualitative scales).

b. Behavioral Ratings

Step 1 - Before the training, designated trainees from each site will have memorized coding rules and definitions. Reid (1982) has found that 10-20 percent of potential observers have had to be dismissed because they fail to master category definitions. Each site director is responsible for assuring that his or her trainees have memorized the manual prior to the March training. Trainees should be prepared to pass a written test demonstrating their knowledge of the code when they come to Virginia.

Step 2 - The next step of training is to illustrate via multiple taped snippets taken from diverse child care settings what is meant by each item on the scale. To this end, for the behavioral rating scale, there is a ONE-HOUR VIDEOTAPE illustrating both the positive and negative end of each scale. This session will provide exemplars of each behavior.

Step 3 - The third step of the training for the behavioral code consists of learning to identify relevant behaviors, (2 hour training module). This session has trainees view the same 10-minute videotaped segments used for the qualitative ratings. In this case, however, trainees will observe for one minute. The tape will be stopped and they will be allowed one minute to mark independently all relevant categories. Immediate feedback on a frame-by-frame basis will be given. After several tapes are scored in this way, trainees will watch and score entire 10-minute segments using the behavioral ratings. Agreement with the master coders will be determined after the whole segment is scored.

Step 4 - During this two hour session trainees learn to observe longer segments of behavior (four 15-minute segments). Once again, observers will be asked to view a single segment, independently make their judgements, and then receive feedback to the coding decisions and justifications of the master coders.

Step 5 - The next four hours of training (divided into two 2 hour sessions) enable the trainees to practice making over 40-minute periods, the actual duration of their observation in the field. For this part of the training, trainees will complete the behavioral ratings for 30 minutes. They they will observe and make notes for the qualitative ratings for 10 minutes. Qualitative ratings will then be made on a full 40-minute segment. Once again, verbal and written feedback in the form of the master coding decisions will be provided for each segment prior to moving to the next segment.

Step 6 - The next part of the training occurs after observers return to their home site. They are expected to review all of the training tapes and documentation. Then they are to practice doing "live" observations at their home site using a variety of child care settings.

3. Training Procedures for the Child Care HOME

Judity Brisby, from the Arkansas site will conduct the training on the Child Care HOME. Three videotaped HOME interviews will be observed. The first tape will be used to define all items. The second and third tapes will be coded independently by each trainee and then compared to a criterion code from the Arkansas site. Finally, role playing will be used to provide practice on phrasing questions to obtain the necessary data.

4. Training Procedures for the Profile

Because the Profile is designed to capture the quality of the child's child care environment -- comprehensively defined -- videotapes do not lend themselves as the best method of training. Alternatively, Annette Sibley -- coauthor of the Profile with Martha will use a combination of direct instruction in the methods, definitions, and coding entailed in this assessment and role playing. In addition, one observer from each site will visit two infant child care programs, over two days, as a member of a pair, to practice coding the Profile in a live situation. These pairs of coders will compare notes and any questions that arise will be discussed as a group with two Ras from Virginia (Sarah Erwin and Rhonda Zehr) who have become reliable Profile coders (trained to reliability by A. Sibley). No inter-observer reliabilities will be obtained on this measures during the training.

5. Some Words About Getting Used to Being an Observer

There's no question: being an observer is a unique and often frustrating experience. At first, you feel frustrated because there are so many things happening and you have to figure out how to categorize and code them in a limited amount of time. But even after you have the coding system down pat, there will be frustrations because events will occur that you feel the coding system is not adequately capturing. Resign yourself to this fact. You are an imperfect recorder and the observation system is incomplete. We hope, though, that aggregated across different observation cycles, on different days, and with different children, the records you make will lead to a meaningful "big picture".

Another frustration is feeling that what you are observing is not representative of what usually goes on in the setting. It's an atypical day, or your behavior is influencing the caregiver's or the child's behavior. Again, resign yourself to this limitation of doing in-person observations. There undoubtedly are differences because of your presence. But if you are unobtrusive, inconspicuous, and unthreatening, it is possible for caregivers to relax and children to ignore you and go about their normal routines. Caregivers will probably try to be on their "best behavior" (children won't care), but even if they are, their "best behavior" will be revealing of their typical behavior and will discriminate among individuals. As Frederick Wiseman (documentary film maker extraordinaire) pointed out, when people know they are being filmed (or observed), they tend to behave in the ways they know best and feel most comfortable with, not in ways that are novel and unfamiliar. Atypical events and "bad days" will be hidden in the aggregation of data across cycles, days, and children.

You may also feel frustrated because you are doing the same thing over and over again (the same coding every minute; the same set of cycles and procedures). Avoid this frustration -- a kind of burnout -- by taking an interest in the overall events occurring in the setting, not just focussing on the minute-to-minute coding. Think about the "big picture" of day care quality. Look for unusual occurrences. Take an interest in individual children and caregivers. If you feel you are simply on automatic pilot, discuss this with your project coordinator. You may need a break or some more variety in your work.

Finally, you may feel frustrated because your role as an observer precludes normal interaction with the caregiver or the children during the observation. As an observer, you may look but not touch. At times, this may feel strange, strained, uncomfortable. You may feel that you are acting weird. This is something you'll have to get used to. Try to distance yourself from the ongoing events as if you are watching a movie -- just make sure it's a really interesting movie.

6. Becoming reliable with the ORCE, Profile, and Child Care HOME

a. Memorization of the Coding Manual

By the March training, the designated coder(s) from each site will have memorized the coding rules, definitions, and examples verbatim. Each site director is responsible for assuring that her coder(s) has memorized the manual prior to the March training.

b. Establishing Reliability between Two Trainers

A member from the UNH/Wellesley team and a member from the University of Virginia team will meet in Charlottesville in February to establish inter-rater reliability as trainers on the ORCE. They will code together in child care settings until they have established high reliability for 30 one-minute observations periods. Similarly, Annette Sibley and two members from the University of Virginia team will meet in Charlottesville to establish inter-rater reliability as trainers on the Profile. Judith Brisby is a very experienced HOME interviewer and, as such, as a reliable coder.

c. After the training: Inter-observer and criterion reliability

It will be a major task of the child care teams to attain reliable observations and ratings prior to the first official child care visit. We are allowing 3 months for this purpose. For the ORCE, training tapes for the snippets, 10 minute segments, 15 minute, and 40 minute segments and their accompanying text should be carefully reviewed and studied. For the Profile and Child Care HOME, the manual should be carefully reviewed and studied. Training tapes for the CC Home should be coded and compared to a criterion code that will be sent to each site. A minimum of one child care visit per week should be conducted. During this time, any questions regarding the qualitative ratings should be directed to Deborah Vandell. Questions regarding the behavioral scales should be directed to Kathleen McCartney (Nancy Keefe). Questions regarding the Profile and HOME should be directed to Deborah Phillips. Any remaining questions on any topic should be directed to Deborah Phillips.

Inter-observer reliability will then be assessed. During the week of June 10, five 40-minute ORCE videotapes must be independently coded by observers at each site. Five videotapes for the Child Care HOME must also be independently coded. Upon completion of their assessment, trainees will send their rating sheets to the Data Center where inter-observer reliability will be ascertained. The Data Center will compare individual observer's ratings for each scale against those for master coded tapes. The criterion tapes for the qualitative scales are to be scored by Deborah Vandell and her staff at the Wisconsin site (Anne Stright and Mark Bailey) with confirmation checks by Margaret Owen (Aided by Beverly Mulvihill and Beth Bontempo) and Jay Belsky. Criterion tapes for the behavioral scales are to be scored by Kathleen McCartney (UNH) and Alison Clarke-Stewart (U.C. Irvine). Criterion tapes for the CC Home are to be scored by Bettye Caldwell and Robert Bradley.

If a trainee fails to reach criterion on either the qualitative or behavioral scales, or the CC HOME the principal investigator and site coordinator for that site will be informed. Feedback as to problem areas will be provided. The trainee then has one additional week to study and prepare for a second reliability test consisting of four forty minute segments and/or 4 CC HOME tapes. If this second test fails to reach criterion, this trainee will not be allowed to make qualitative or behavioral ratings, and/or CC HOME ratings.

For the Profile and Global Ratings, two observers will be required to visit 2 centers and 4 home child care settings during the week of June 3. They must score the Profile and Globals independently and send their rating sheets to the Data Center. For these measures, only inter-observer, intra-site reliability will be assessed. A second reliability check will be required if any pair of observers at a particular site fail to code reliably on the first check. If this second test fails to reach criterion, this trainee will not be allowed to conduct Profile or Global assessments.

In addition to establishing inter-observer reliability prior to beginning the six month assessments, additional periodic reliability checks will be made in order to insure that observer or site drift has not occurred. The format and procedures for the subsequent reliability assessments will parallel those of the June tests. Dates for the subsequent tests are August 12, 1991, November 11, 1991, January 20, 1992.

If additional personnel join a site's 6 month child care assessment team, then those observers are expected to follow the same training and reliability procedures as the existing staff. Prior to conducting a child care assessment, the new personnel must complete the reliability assessment, completed code sheets must be sent to the Data Center for evaluation, and the person must be certified by the Data Center as a reliable observer.

d. Preventing Drift and Assuring Inter-site Reliability

After each site trains to criterion and the data collection begins, it is suggested that two observers do the observations and complete the Profile and Child Care HOME in every 10th child care visit, regardless of the type of care.

Assessments of inter-site reliability will be coordinated through the University of Virginia. Two methods will be used for this purpose. First, to prevent drift on the ORCE and the CC HOME, each coder will be sent a test tape after every 15 child care visits and reliabilities will be assessed. Second, to prevent drift on the Profile, an "expert" will visit each site during the middle of the data collection period and will provide a complete reliability check on this measure for a minimum of two children (we have planned a week per site). These data will be analyzed at the Data Center.

e. Training New Coders

New coders should be trained for the qualitative and behavioral ratings, and the Child Care HOME, using the same training tapes and procedures as those used in Virginia. This will help to prevent observer drift. For the Profile, a previously trained RA will be responsible for training and obtaining reliability with any new coders.

The NICHD Study of Early Child Care

Addendum to Six-Month Home Interview and Child Care Manual

September 12, 1991

This addendum is based on all of the questions that have come in, thus far, on the 6-month home interview and child care assessments. There will be subsequent addenda, as needed, which compile the responses to later questions.

(Note on 5 Month Phone Call)

5A&B Five Month Telephone Interview

If more than one set of Five Month Telephone Intverview forms are completed because a subject changed child care providers between the initial 5 Month Phone Call and the Six Month Child Care visits, only send the DCC the set of forms containing the current information for the Six Month Child Care visits.

6F Six-month Home Interview Section 2

On Form 6F, page 12, the top grid for change code should have numbers 1 2 3 4 & 6 as selections. There is no 5 change code. Fill in the change code box labelled 5 if you are using change code "new husband/partner." The response will be coded as 6 on the database.

6L My Child Care

Assigning Subject Numbers

1. Subject Numbers for Caregivers/Programs Not Visited

It is essential that you assign IDs to all child care arrangements, whether visited or not.

This affects the My Child Care Questionnaire, which is given to the mothers at the home visit. This form requires a caregiver ID -- include the IDs for the arrangements that we cannot visit. If multiple caregivers, pick one (get name). If caregiver changes after Home Visit, readminister Form 6L over the phone. Don't administer this form if child care is < 10 hours, (i.e. is not to be used with child care that is not observable.

This form should be held until the caregiver ID has been assigned. For center based care the caregiver ID should be the director ID; for all other arrangements the caregiver ID is used. Also please remember that the spaces printed on this form for the caregiver ID is one space short - write in the last digit and the DCC will bubble in this digit for scanning.

The relevant citations in the manual regarding when to complete My Child Care (Form 6L) are located in Chapter 9.2, page #35.

(1) Home Visitors should use the 5 month phone interview forms to identify the non-maternal caregiving situation that will be visited.

(2) The form is not completed if the father is the caregiver.

(3) If we use My Child Care, we enter (1) the caregiver's first name and/or center's initials on the blank at the end of the directions, and (2) the caregiver or center ID Number. We get the caregiver's name and center initial from the 5 month phone call worksheet.

(4) There are also directions about this form in the INFORMATION FROM PREVIOUS CONTACTS (page 3 of the 6 Month Home Interview) that the home visitors use to get ready for the visit. It states that if the child is in care fewer than 10 hours or is in care with the father, do not administer this questionnaire.

(5) On some occasions, the home visitors may not have the 5 month phone interview prior to doing the home visits. In these situations, ask the mother about her child care arrangements. We need to find out about caregivers for the HOME, so work it in there.

60 Observation Report

The intent of questions 19 & 20, page 4, is to find out when the mother and baby were last reunited and when they will be separated again relative to the time of the observation.

Therefore, Q. 19 - day & time last worked/school - should be the time the mother LEFT WORK OR SCHOOL; Q. 20 - day & time going to work/school - should be the time the mother will next leave home to go to work/school.

Questions 13, 16, 17, 18 can be answered with multiple responses.

CHILD CARE ASSESSMENTS

Setting Priorities on Which Child Care Arrangement to Visit

In general, for children with multiple "observable" arrangements, you should eliminate from consideration those that would put you beyond the window before you make your selection. Here's an example of this:

The Target Child's birthday is 8-8-91. The home visit was done on 8-6-91. This child will be starting a new child care arrangement (a family day care provider) on 8-19-91. By the time she has been enrolled for 2 weeks, she will be beyond the window for observing child care. This child is also cared for by her father 3 days a week, for approximately 30 total hours a week. This meets our criteria for an observable child care arrangement. You should observe the father, rather than wait to observe the more formal arrangement which will put you beyond the window.

Number of Visits

You should do everything in your power to keep to 2 child care visits per arrangement. Do not return a third day, for example, to complete your fourth ORCE cycle unless this is absolutely unavoidable.

Contradictions Between 5-Month Call and Call to Schedule the Child Care Visit at 6 Months

Sometimes mothers will give you information about their child care arrangement during the 5-month call that is later contradicted by the caregiver when you call him/her to set up an observation. In general, it is good practice to try to reach the mother and to clarify the contradictory information. So, for example, if you call the caregiver and learn that s/he stopped caring for the target child "2 weeks ago", you will need to talk with the mother about her current arrangements. In fact, you should complete a new 5-month phone call if you learn that her situation has changed and send this form to the data center with a note to disregard the prior 5-month data.

Certainly, if a caregiver has not seen the Target Child for more than two weeks, you should not collect any data on this arrangement.

Similarly, if you talk to the caregiver and learn that the Target Child is not awake for at least 3 hours on a typical day, then you should confirm this information with the mother and, if it is true, then you would not collect any data on this arrangement. In this case, the arrangement does not meet our criteria for observable child care. Find out if there is secondary arrangement that meets the criteria for observing.

You should never ask a caregiver to wake up a child!

7A Director Telephone Interview

(a) Question 6, page 4: Please get the total number of children enrolled in the room. There may be some cases where, because of part-time children, the maximum children in the room at one time is less than the total number of children enrolled in the room, e.g., 9 children enrolled, but only 7 in the room at one time due to part-time children. But, please code "9" in this case. This may seem a little unfair, but it will provide the most consistent data across settings given situations where, for example, one of the PT children is dropped off a little early and another is picked up a little late and so they end up in the classroom together.

(b) Question 7, page 4: Code the ages of all children enrolled in the room (see Question 6, ORCE: General Procedures, Addendum).

7B Director Telephone Interview for Centers we Cannot Visit

7C Mother Telephone Interview About Child Care for Home Arrangements we Cannot Visit

The form (7B) for interviewing center directors (or mothers) who will not permit an on-site center visit contains a space for filling in the center/director ID. However, the form for interviewing mothers about their home-based arrangements that you cannot visit (Form 7C) does not. IT IS ESSENTIAL THAT YOU ASSIGN IDS TO ALL CHILD CARE ARRANGEMENTS, WHETHER VISITED OR NOT. Please write in a caregiver ID number using the instructions for assigning all IDs.

7D **Director Questionnaire**

(a) Question A3, page 2: If a center is in a federal building and set up for federal employees' children, code it as "6: Corporate/business/hospital". This is, in effect, an employer-sponsored program. It does not matter whether the employer (in this example, the federal government) has any say in how the center is run.

(b) Question B1, page 3: If you have more than 99 children, write in the correct answer next to the bubbles.

(c) Question B3, page 4: This refers to the maximum number of children there on any given day, NOT the center's licensed capacity. If a center has 40 children enrolled, but has a licensed capacity for 50 children, code "40".

(d) Questions C1, 2, and 3, page 5: An administrative director is a director whose responsibilities are entirely administrative. S/he does not have routine responsibility for caregiving. Sometimes, an administrative director may have to fill-in if a caregiver becomes ill, but as long as this is the exception rather than the rule, then s/he is still an administrative director.

(e) Question C8, page 6: If teachers are laid off due to low enrollment, please code this as "voluntary". We want to keep the category of fired due to poor performance as "pure" as possible.

(a) For the Typical Day questions A6-A11 which are located on the Caregiver Interview and on the ORCE, ask the questions once, but mark the information on both forms or the data will be noted as missing.

(b) Question A8, Caregiver Interview - how disruptive - the "only slightly" choice should be selected if they respond "not at all".

(c) It has been pointed out that on the Caregiver interviews - center and home versions - forms 7F Q.B2 & 7J Q.I2 describing race or ethnic group refer to CARD 1. There are 7 categories for race on the forms and only 5 categories for race on CARD 1. CARD 1 will not be modified until after the one month data has been collected. IN the mean time, use a temporary measure to add the two additional categories "biracial" & "don't know" to the selections available on CARD 1 for the six month data collection only.

(d) Question B5, page 5: Answer this question in years, If the children are under 1 year of age, code as "O".

(e) Question B6, page 6: Please code the type of care that is used for most of the year in cases where the caregiver makes it clear that, during the summer, the child attends camp, but then goes to a family day care home during the school year. If nothing is said about "most of the year", then just code whatever the caregiver says. In other words, don't confuse the caregiver.

(f) Question C5 - How many months out of the year do you work at the center? If less than 1 year worked, code the months the caregiver is planning to work.

(g) Question C10, page 8: This should be answered in years. If the caregiver has worked in the center for less than a year, code as 0.

7E & 7F **Child Caregiver Interview -- Center Version** **(cont.)**

(h) Question E1, page 10: A high school diploma plus one college course is coded as "14". A high school diploma plus 4 college courses is also coded as "14".

(i) Question E3, page 10: Any certificates that are issued by the state and that are used to qualify a person as a caregiver of young children should be coded as "state certification in ECE". For example, the Massachusetts Office for Children issues Office for Children certificates which specify whether a caregiver meets the state criteria as a "teacher" or a "lead teacher". These count as "state certification in ECE".

If you have a provider who has a high school diploma plus some college courses (even 1 course), you should code "14".

(j) Question E8, page 11: Training that is required by the state or by an employer for purposes of advancing from a teacher to a lead teacher (as in Massachusetts) should be coded as "yes", training that is required...

(k) Question E9

For horizontal numbers 1 2 3 4
1 2 3 4 , the top row is tens,
the bottom row is ones.

7H Observational Ratings of the Caregiving Environment

ORCE: General Procedures

1. Incomplete Observation Cycles

Any ORCE cycles of data collection which are not completed should be sent to the DCC with whatever data was collected on them. The complete cycles should not be renumbered leaving the incomplete cycle out.

2. Interrupted Cycles, Same Providers

If one of your ORCE cycles is interrupted by a nap, or whatever, but the cast of characters (caregivers and children) and the setting remains the same when the child wakes up, you can resume the cycle where you left off. If, however, any of these factors has changed, then you must start a new cycle.

3. Child Notices Observer

You only need to "look at the sky" once. Otherwise, you'll never get your coding done.

4. Available Children

Please write in the number of children aged 25 to 35 months. We do not have a category for these children on the form. Also, the 18-24 month category should read 19-24 months.

5. Ages of Other Children

You are told that other children are those under age 13 years. Anyone over age 13 is considered an adult and their interactions should be coded as such. (see below, question A9 on form 7J Addendum)

6. Available Children and Adults When Outside of the Child Care Setting

The 6-month child care manual says to code as available adults, those who are "in the same room as the child or, particularly in home settings, within earshot" and to code as available children, those who are "in the same room as the child" (even if they are not paying attention to the child). These descriptions were not written with parks, playgrounds, banks, detc. in mind. They apply to daycare centers and homes (houses, apartments, even the backyard of the house) -- not to wide open spaces or places of business. When the child is out of his/her regular care setting (ie.g., the home or center), some more "functional" definition of "available" must be used. Children in the park, playing on the swings, running through the grass, minding their own business, while the child (6 months old) is in a stroller next to the caregiver, should not be counted as available. Adults standing in a check-out line at the store or bank or library should not be counted. There must be come likelihood that these people would interact with the child; they must be part of some functional "group" of which the child is also part (as would be the case if they were in the child's class at a center or in the child's home). The reason to make this distinction is (a) to make the coding for parks, etc. more comparable to the coding for centers and homes, and (b) to use the coding as the basis for calculating meaningful adult-child ratios. If the park or playgound is, in fact, a regular child care setting -- that is, the caregiver takes the child there everyday and they see and interact with the same people there everyday -- then the "functional group" would consist of those adults and children that they see and interact with everyday.

7. Post-Observation Interview

Do not change answers the caregiver gives you. S/he may contradict herself by, for example, saying "yes" to question 1 and then saying "yes" to several items on question 2. Do not change her answers to make them consistent.

For the Typical Day questions which are located on the Caregiver Interview and on the ORCE, ask the questions once, but mark the information on both forms or the data will be noted as missing.

Clarification of Items on the ORCE: Behaviorals

1. Cognitive Stimulation

(a) How to code reading to the child

Only some types of reading are coded as cognitive stimulation. There is a difference between reading a bedtime story and reading a lesson.

Reading is cognitive stimulation when it provides information about the world, teaching about colors, letters, shapes, numbers (the three R's), when the adult is showing a picture to the child and reading what is underneath it, when the adult is making an effort to teacher the child. The books being read could be comic books for Johnson & Johnson readers -- or anything else. Reading is cognitive stimulation if the adult showed the child pictures (so the child was learning to connect the words with the images) or if the "stories" were about the 3 R's, science, etc.

Reading that is not cognitive stimulation would include reading to keep the child quiet or to put the child to sleep when there is no obvious "teaching" going on. The adult, for example, would let the child look at pictures, but would not be reading. Or, the child is not learning anything from the content of the reading.

(b) And Facilitates

A facilitate can turn into a cognitive stimulation and visa versa.

2. Other Activity with Adult

(a) Coding Being Physically Close and Watching

Involvement with the child has been expanded to include being physically close (defined as within arms reach) and watching the child. As is generally true of this code, this new form of involvement must last 5 continuous seconds to be coded as other activity with adult. And, as is generally true, interaction is defined as the caregiver being involved with the TARGET child.

If the caregiver is "vegging out", do not code "Other activity with adult". The caregiver has to be involved (eye-to-eye contact, physical contact, verbal interaction, or within arms reach and watching the child).

If the caregiver is within arms reach of the target child and glances over to the target child for less than 5 seconds, do not code this as "Other activity with adult" (It did not last 5 seconds or more).

If the caregiver is 3-4 feet from the target child in a room with other children watching the target child play, do not code this as "Other activity with adult". Note that the caregiver, in this case, is not really involved with the target child. She is also not within arms reach of the target child.

3. Other Talk

(a) Must be directed to target child

Only talk that is directed to the target child is coded as "other talk". Do not code everything that the caregiver says as "other talk". If the caregiver is talking (or singing) to other adults or children, including a sibling, this is NOT coded as "other talk".

So, if the target child is on the caregiver's lap, and the caregiver is talking specifically to a child across the room, using that child's name, etc., this is NOT CODED as "other talk". If the caregiver is singing along to a record or tape, this would be coded as "other talk" only if it is directed to the target child -- the adult would have to be looking at the child, possibly holding or rocking the child, not vacuuming or doing dishes or watching out the window.

(b) When to also code "other activity with adult"

If "other talk" lasts 5 seconds or more, then you should also code "other activity with adult". If "other talk" lasts less than 5 seconds, do not also code "other activity with adult".

4. Child "Solitary or Unoccupied"

(a) When caregiver is uninvolved

Code "solitary" or "unoccupied" if the child is in close proximity to the caregiver but the caregiver is paying no attention to the child. Which one of these you code depends on what the child is doing or failing to do (see self-feeding example, below).

(b) Self-Feeding

If the child is holding a bottle and obviously drinking from it, code this as "Solitary". However, if the child is holding the bottle and vegging out (the amount of formula doesn't go down, no sucking is occuring), then code this as "Unoccupied".

5. Positive Physical contact

(a) Holding/Sitting in Caregiver's lap

Include situations in which the caregiver is holding the child on his/her lap, as well as situation in which the child is sitting on the caregiver's lap. These really amount to the same thing at 6 months.

(b) Contingent and Noncontingent Kissing

Code kissing as positive physical contact whenever it occurs in the interval that it occurs.

6. Restricts

(a) Intentionality

Code restrict only when the behavior is clearly intended to restrict. If a caregiver says "no" or "don't" purely playfully, then do not code as restrictive. The caregiver has to "mean it".

7. Questions

(a) Tag questions

A tag question ("You're really enjoying playing in the water, aren't you?) is a question. However, if you are in doubt -- and it can be hard to differentiate a tag question from a statement if the caregiver pauses -- then code it as "other talk".

Clarification of Items on the ORCE: Qualitatives

1. Sustained Attention

Sets of Toys

Sustained attention includes a child playing with a single toy or to a child who is playing with thematically related toys. For example, a child who is playing with a brush and a doll (pretending to brush the doll's hair) or a cup and saucer may be coded as displaying sustained attention. A child who is playing with unrelated toys, even if they are all clustered in front of the child, switching from one toy to another, is not displaying sustained attention.

Family Day Care Homes with Two Caregivers

Some family day care providers will have "helpers". These are often family members who do not work full-time in the home, and many will not consider themselves to be caregivers. For our purposes, what is important is whether they provide care to the target child 10 or more hours per week, on a typical week. In this case, they are caregivers to us. They need an ID number. The primary caregiver should get a REL code of 4 (since this really is a hierarchical arrangement -- it is clear who is in charge and who is primarily responsible), and the "helper" should get a REL code of 5.

These "helpers" who meet our 10 hour a week criteria should also get the questionnaires and interviews if at all possible. And, their IDs should be indicated on the ORCE when they are observed.

Sometimes these "helpers" may be young. One site had a 16 year old helper in a family day care home. Again, as long as the 16-year old is there 10 hours or more per week, s/he gets an ID number and is treated as a regular caregiver.

Caregivers Under 18 Years of Age

It is very important that you include these caregivers in the child care assessments. Sometimes, the child's only caregiver will be under 18 years of age. Other times, the child will have multiple caregivers, one of whom is under 18 years of age.

This poses a question for the consent forms. You should clarify procedures with your human subjects committee. In some cases, it may be necessary to obtain the consent of the caregiver's parent. Perhaps this consent can be obtained over the telephone. Perhaps it is required only if the under age caregiver is not being supervised by an older caregiver. You will need to get answers to these questions for your site. But, we repeat, we need data on these caregivers -- they are a particularly interesting group.

General Questions about Procedures

When you are observing the mother of a target child who provides family day care in her own home to her own (target) child plus other children, use the FAMILY DAY CARE INTERVIEW (LONG OR SHORT FORM), but you need to inquire about her care for the Target Child (own child) in the context of caring for other children. So, for example, for Section A, you need to inquire about how long she has been caring for the Target Child along with other children; How many hours she takes care of the Target Child along with other children, etc. Similarly, for the Future Plans section on page 33 (long form), you will need to find out if the caregiver/mother is likely to stop providing care for her own child in the context of providing care for other children.

In general, in this situation, it would be helpful if, at the outset of the interview, you explained to the mother that you are interested in her role as a child care provider. So, many of the questions ask about her caring for (Target Child), but we are really interested in the times that she is caring for the Target Child as a family day care provider.

Family Day Care Interview -- Long Form (Form 7J)

- Getting Data on Helpers -- Please complete this form for all helpers who provider care for at leat 10 hours per week.

- The scale for question J5, page 26, is 11-20 rather than 10-20.

- Question A9, page 4: please write in caregivers who are aged 14-17, and indicate whether they are the caregiver's own child, sibling, or other child.

- Questions A10 and A11: "Spouse" and "sister" refer to the caregiver's spouse and sister.

- Question B4, page 5, use the target child's rate if rates vary for different children.

- Questions B4 and B5, page 5: If a provider charges a set amount, regardless of whether a child comes part- or full-time, then code the same rate for both questions, e.g., if s/he charges $35 per day regardless of hours, then both questions are answered with 5 X $35 = $175. If a provider charges $4.00 per hour, then full-time is 40 X $4.00 = $160 and part-time is 20 X $4.00 = $80. If the number of PT hours varies for different children, just get the hourly rate and multiply by 40 for the FT, weekly rate and by 20 for the PT, weekly rate.

Also, please note that the "$" and "." are incorrecntly located for items B3-5. Write over these and enter dollar amounts up to 3 columns.

7J and 7I Child Caregiver Interview - Home Version (cont.)

- Check point at C1 - If the caregiver cares for siblings of the target child and other children in addition to the target child, complete all of the questions in Section D & questions 1-8 in Section G. To alert the DCC of this special selection, please circle 1 & 4 at check point C1 and make a note that both are needed.

- Question D3, page 7: Some caregivers may not consider their own relatives, e.g., nieces and nephews, as children in their care, even if they are in care on a regular basis. Please rely on your own observations of the children who are there to answer this question. You should also confirm your observations with the caregiver, i.e. "I can't help but notice Jason and Jenny. Who are they? Do they come here regularly?".

Other caregivers may consider live-in grandchildren as their "own children". But, for our purposes, these are "other children".

If there is a live-in, daughter-in-law, she does not get coded as "grown children living at home". These include only children of the caregiver.

- Question D25, page 11: Please include grown children of the provider (his/her own children), but not spouses or children of these children, or children of the provider's relatives.

- Question D28, page 11: This question refers to all children who live at home with the provider, regardless of their age.

- Questions G12 and G13, page 21 In cases of grandmother care when the grandmother has grown children, these questions may feel awkward, but they allow you to code all possible responses and we need these data. For G12, you would probably code 00. For G13, you would probably code 6 or 7 (interpret "arrangement" liberally). If no children live with the provider, go ahead and code G13 for the provider's children wherever they live.

- It has been pointed out that on the Caregiver interviews - center and home versions - forms 7F Q.B2 & 7J Q.I2 describing race or ethnic group refer to CARD 1. There are 7 categories for race on the forms and only 5 categories for race on CARD 1. CARD 1 will not be modified until after the one month data has been collected. IN the mean time, use a temporary measure to add the two additional categories "biracial" & "don't know" to the selections available on CARD 1 for the six month data collection only.

- Question I4: do not double-code this item. Find out which response applies most often.

- Questions J2 - J5, page 26: Questions J2 and J3 refer to paid child care. Questions J4 and J5 refer to both paid and unpaid child care. These are our only questions about child care experience, and many unpaid providers have responsibilities that are identical to those of paid providers.

- Questions J8, 9, and 10, page 27: Include nanny agencies as long as they provide the kinds of support that are asked about.

- Question L2, page 31: Please code "N" for Not a reason for items that do not apply to the provider, for example the item "to see my grandchild/niece/nephew grow up" should be coded N for unrelated providers.

- Question L3, page 31: Please code "1 - Not at all important" for items that do not apply, such as "to give the child a home away from home" in cases of in-home care.

- Question M1, page 33: You may run into caregivers who are ending a child care career. In these cases, ask the caregiver if she considered child care to be a long-term career.

7K Child Caregiver Provider Packet

Forms 7K thru 7P - child care provider packet - should not be separated when you send them to the DCC. Since the caregiver ID on F07K is the unique identifier for the rest of the forms in this packet, all of the forms need to be kept together. The transmittal sheet need only indicate the number of 7K packets being sent. Please do not staple these forms together.

Data Collection on Father Care

Do not give the fathers the Child Care Provider Packet. Only give the father the "This Baby" (7L) form to complete.

7M and 7N Caregiver Ratings of Parent-child Behaviors When Parent Leaves and Returns

Q1. Mother and Father Jointly Drop-Off or Pick-Up the Baby

If parents alternate, ask the caregiver to respond based on the most typical/common situation. If the two parents always come by together or really alternate equally, then ask the caregiver to complete this form for the mother, since this will be most comparable with the other target children (sorry dads).

7R The Profile for Family Day Care

(a) When to Use this Form

Use this form for all home-based arrangements, including father care in the child's own home. Several items are excluded for arrangements in which only the Target Child is in care. These items should also be excluded in situations in which the Target Child is in care with only his/her siblings.

(b) Unobserved Items

If you do not observe what you need to observe to complete an item (no diapering, no cooking, etc.), then you are instructed to ask the caregiver about the item and code this item in the proper column ("R") on your data form.

(c) Items that do not Pose Hazards to the Target Child

There will be items, for example, turning in the handles of pots on the stove (Safety and Health, Item 3), that do not apply to a 6 month old. They do not pose a safety hazard to the target child. In these cases, you need to ask yourself the following question, remembering that the Profile is a measure of the caregiving environment in general, not just the environment for the target child: Considering all of the children who are cared for in this setting, is this a safety or health hazard? If there is a child who can walk, then the pot handles do pose a safety hazard. When in doubt, code an item as unsafe or unhealthy if you see a violation of an item. Next week, an older child may be enrolled in the arrangement.

(d) Date on the Cover Sheet

Put the date of the first visit on the cover sheet.

(e) Questions on Specific Items

(1) Safety & Health, Item 6: If a crib is shared and there is no overlap between children's attendance, you may code "yes" if the two children have separate sheets and they are changed religiously, and if some labeling system is established (name on crib or on sheets) to indicate which sheets are on the crib.

(2) Safety & Health, Item 13: Closed doors do not count for stairs. Even if you never observe them to be open, it is very risky to assume that they never will be inadvertently left open.

(3) Safety & Health, Item 18: You may exclude this item if only the Target Child is in care.

(4) Safety & Health, Item 20: If there is no outdoor play equipment, code as "yes". In general, we code "yes" if equipment is not present.

(5) Safety & Health, Item 27: Code "no" if a caregiver's CPR or First Aid certificate has expired.

(6) Individualizing, Item 1: Code "no" for a child having his/her own room/closet.

78 Profile for Centers

(a) Questions on Specific Items

(1) Physical Environment, Item 1: If there is a separate nap area in a room divided by a partial wall, this does count as a separate nap area, as long as non-napping children are not allowed in ever.

(2) Safety & Health, Item 3: If a crib is shared and there is no overlap between children's attendance, you may code "yes" if the two children have separate sheets and they are changed religiously, and if some labeling system is established (name on crib or on sheets) to indicate which sheets are on the crib.

(3) Safety & Health, Item 7: It is never considered safe to diaper 2 children at once, even if the diapering surface is large enough for two. It is not considered healthy if, after diapering one child, the caregiver disinfects only the portion of the surface that she used for this child.

(4) Safety & Health, Item 8: If a caregiver has received these guidelines, knows they are available in the director's office, but does not know where they are in her own room, you may code this "yes".

(5) Learning Environment, Item 7: Monthly rotation of toys is NOT enough.

(6) Individualizing, Item 3: If a crib is shared and there is no overlap between children's attendance, you may code "yes" if the two children have separate sheets and they are changed religiously, and if some labeling system is established (name on crib or on sheets) to indicate which sheets are on the crib.

(7) Individualizing, Item 4: If a center rotates groups of children among caregivers on a weekly basis, even if, for a given week a caregivers DO have primary responsibility for a child, code "no". This item is designed to assess consistency of care, and this arrangement certainly does not assure consistency.

(8) Individualizing, Item 9: All components of the description need to be there for a yes. It is okay, however, if the caregiver indicates that s/he would modify the procedure based on parents' personalities, as long as the key ingredients are present.

78 **Profile for Centers (cont.)**

(9) Adult Needs, Item 3: Once a month is "regular", but it cannot be any less frequent than this.

(10) Adult Needs, Item 4: "Dual use" implies a high probability of scheduling conflicts. So, for example, in a church-housed center, if staff meetings are held during the week in a room that is also used by the church on week-ends, then this is not dual use for our purposes. If a center classroom is used for parent meetings and conference that occur only after-hours, then this is not dual use. In contrast, sometimes you will be told that a classroom is used for staff planning when the children are on the playground or taking naps. This is dual use, because there is a high probability that on any given day, one child will be too sick to go outside, or one child simply will not go down for a nap and so has to remain in the classroom.

(Note on 7 Month Phone Call)

9A Seven-month Time Use Interiew

On Form 9A - 7 month time use - the reference to Recording Sheet Number was inadvertently left on the form - it is not needed for this version of the form and should be ignored.

For Day Described, the S can indicate Sat or Sun and the workday item differentiates workday and non-workday weekend days. The actual date can be used to identify Sat or Sun if need be.

CHILD CARE HOME INVENTORY

INFANT-TODDLER VERSION

GENERAL INSTRUCTIONS

Chapter 10

Section 2

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CHILD CARE HOME INVENTORY

INFANT-TODDLER VERSION

GENERAL INSTRUCTIONS

Chapter 10

Section 2

I. BASIC CONCEPTS

The acronym chosen for our Inventory--**HOME** (Home Observation for Measurement of the Environment)--effectively expresses many of the major concepts underlying its development and represents some of the skills that will be needed by any person who uses it.

A. Child Care Home

The data to be gathered are collected in home, not in an office, laboratory, or child care center. The HOME subscribes to the philosophy that you can truly appreciate a child's behavior and development only if you have experienced the child's most intimate and powerful environment first-hand. A child-care home visit provides a richness of detail and a complexity of interchange that no interview can fully reveal.

B. Observation

Scoring for many of the items is based on what is observed during the visit, so obviously the HOME Visitor must be a good observer. Most of us think we are good observers, but often come away from a conversation with another person unable to report the color of that person's eyes or hair. Some concentrate so effectively on small details that aspects of the background are totally lost. One thing training in the use of HOME will do is help the user become a better observer of some of the small transactions between children and their parents and caregivers. Moreover, persons who are good observers have a head start in becoming proficient users of the instrument.

C. Measurement

The HOME is not just an informal data-gathering process; it is a systematic measurement of the caregiving environment. The measurement philosophy of HOME recognizes that skilled observation alone is not enough to allow a procedure to be useful for research purposes--or even for some clinical or educative purposes where precision of information is essential. Always there remains the onerous task of somehow converting the observations into quantifiable units. In HOME we have used the simplest possible measurement system (counting) and the simplest type of item (binary). By observing whether certain events occur (parent praises child) and, if so, how often (at least twice), and then simply counting up the total of the designated behaviors, the amalgam of impressions and feelings is translated into a unified measurement system. For some clinical uses of the Inventory, one could stop short of this step; for research purposes, however, a commitment to measurement is necessary. When working with a caregiver, one is sometimes tempted to fall back on general impressions or feelings about the caregiver. There is an urge to give "credit" to those we like or feel empathy for. Lost in this process is the value of careful, objective description--the kind of information that leads to fuller understanding and more effective planning in behalf of the child and caregiver.

D. Environment

Although the Visitor goes only to the child's home-based child-care setting, in the process an effort is made to appraise the quality of the broader developmental environment. Certainly during the early years, home, family, and caregivers constitute the most important environment that exists for most children. However, information is obtained in the course of the visit which helps to give a picture of the milieu in which the child's caregiving environment is embedded and the extent to which these experiences are strengthened by outside contacts likely to be meaningful to the child (e.g., trips to grocery store, visits with relatives).

These four components--actual visits to the home, a preference for observation as a means of obtaining information, a commitment to measurement, and a recognition of the importance for development of the environment--represent the major vectors of the philosophy which guided the development of the instrument.

II. THE HUMAN SERVICE INTERVIEW

One important aspect of the procedure which is not covered by the acronym HOME is the interview that is necessary to obtain information to score some of the items. On the Infant-Toddler form of the Inventory, only one-third of the items will require supplementary interview data (although sometimes the visitor will have to ask questions about some of the toys, all of which may not be visible during the visit). However, on the Early Childhood version, some questioning will be necessary for almost half the items; and on the Middle Childhood form, interview information is required for almost two-thirds of the items. Thus, an essential skill for persons who will use the HOME is good interviewing technique.

Much has been written about interviewing in human services, and anyone without training and experience in interviewing should begin by reading some of the widely-used materials (Garrett, 1958; Shulman, 1978). Of particular help would be a document such as the Interviewer's Manual published by the Survey Research Center of the University of Michigan (1969). The anonymous authors of this widely-used manual remind us that interview respondents must (a) find an interview pleasant and satisfying, (b) consider it important and worthwhile, and (c) not regard it as something to be feared or that might result in personal harm (e.g., a damaging report to the Welfare Department). Although these precautions were written with survey research in mind, users of the HOME can profit from them.

Although the interview is an important part of the HOME Inventory procedure, it is not the only part. Accordingly, we do not refer to the people who make the visits as **interviewers**; rather, we have called them **Visitors**. In order to remain consistent with our acronym we might have called them observers, as observation is a crucial part of their task. However, that term seemed to us both a little intrusive and a bit pretentious. Thus we have settled on a term that aptly describes what we hope will be the tone of the HOME assessment--a friendly person visiting in the home, talking to a caregiver about the child.

In our experience with parents it is rarely difficult to convince them that this kind of visit is worthwhile. The talented Visitors who have worked with us have typically made the experience so pleasant that only rarely has any sort of suspiciousness or unpleasantness developed in relation to a visit. In fact, it is not unusual to have a mother come up to one of us at a public meeting and say something like, "*Does Mrs. X still work with you? I used to love it when she came to see me* *when Y was a baby and we talked about things I did and toys I had bought."* Such chance encounters offer evidence that our procedure is generally a pleasant and memorable one. Perhaps the greatest evidence of the comfort that most families feel is that over 99% agree to a second visit.

A. Gender of Respondent and Visitor

In the procedural guidelines to follow, we have typically referred to the respondent as "the caregiver" and to the Visitor as "she." A word of explanation--or rationalization--is in order.

1. Gender of the Caregiver. As indicated earlier, the wording of most of the interactive HOME items--those based on some specific behavior of the parent or caregiver--originally referred to the child's mother. In fact, an implicit assumption that guided the original construction of individual items was that the mother was indeed the major caregiver of the child and that her input and responsiveness were critical for the development of the child. The mother's behavior, it was felt, would be able to provide something of an antidote to any negative aspects of social class, which at that point in history was based entirely on paternal demographics.

This revised child-care version of the HOME has substituted the term "caregiver" for mother. Sometimes this caregiver will be the mother or the father. Sometimes she will be an unrelated adult. Caregiver is used as the generic term to encompass all these situations.

2. **Gender of Visitor.** It was actually easier to change the item wording from "mother" to "caregiver" than it was to change our thinking about the flavor and style to be cultivated for the home visit. That is, it was clearly thought of as a woman-to-woman procedure, and all of our training strategies were developed with this procedure in mind. From the beginning of work on the Inventory, all of our Visitors have been women, and most have been mothers. One reason for using only women was that our colleagues who are black cautioned us that it would not be acceptable in the black community to send a man, black or white, into an apartment to talk with mothers about their young children. Regardless of whether this caveat would apply in all environments, common sense suggested that it was a good idea. (It is interesting to note that in the training literature published by the Institute for Social Research, the pronoun "she" is used for interviewers.) Thus we consciously adopted for our visiting procedure a strategy which some may consider stereotyped and offensive: two

women who enjoy young children meeting in an informal way in one of their homes and observing and talking about one of their children. This procedure has worked very well, and in the suggestions of procedures which follow we have largely retained the feminine gender for both the parent and the home visitor and have assumed that, most of the time, HOME will be administered by a woman home visitor who will be observing a female caregiver and the child in interaction. As we hear from others who have developed different procedures, we may be able to modify our own accordingly. In the meantime, the best we can do is apologize to our male users of the Inventory and to those fathers playing the role of major caregiver in the lives of their children.

III. ADMINISTRATION OF THE CHILD CARE HOME

As already indicated, CHILD CARE HOME items are sometimes based on information supplied by the caregiver and sometimes on direct observation of what transpires during the visit. Sometimes with older children, the information actually comes from the child. The Visitor will be observing and interviewing at the same time, but the instructions can be simplified if these two aspects of the procedure are separated for discussion.

A. The Interview

For this project, we recommend a standard interview for eliciting the information necessary to score the items which require information that cannot be obtained by observation. We also expect to have good interviewers. A good interviewer is a person who can be at ease in the situation, can put the caregiver at ease, can easily adjust subsequent questions to responses of the caregiver, and can ask questions in such a way as to avoid putting the caregiver on the defensive and thereby causing her to second-guess the Visitor as to what is the "right" or "expected" response. The Visitor's goal is to be objective and accepting as opposed to approving or disapproving. This is essential if she is to find out how the caregiver feels and what the caregiver does with her child or children rather than what the caregiver thinks the Visitor wants her to say.

Before actually conducting an interview, it is important to be completely familiar with the items. This will help the Visitor be more relaxed and will help the person with whom she is talking feel less "on stage." In fact, we highly recommend that, prior to actual use of the instrument, prospective Visitors accompany a person already trained in use of the Inventory.

B. The Warm-up

Caregivers may be nervous during this procedure, and so may Visitors. The Visitor should spend a little time at the beginning just getting acquainted with the caregiver and with the key child. The conversation might be about common or mundane things that any two persons might talk about. This will allow the Visitor to get some sense of who lives in the house and what their roles are in the family. Many times there will be another child present at the time of the interview, and it may be necessary to devote some attention to that child as well as to the key child. The general tone of the interview should be that of two friendly people, who like to talk about children, sitting down together and doing exactly that. This warm-up period offers a good opportunity to say something nice about the child (refer to the child's appearance or behavior, whatever comes easily to you and can be done honestly). Not only will the compliment help break the ice, but observation of the caregiver's response may enable you to score an item such as #11 from the Infant-Toddler Scale--"Caregiver responds positively to praise of child offered by Visitor."

C. General Style

Obviously the Visitor must be careful not to ask questions in a threatening or judgmental manner. For example, rather than ask, "*Do you ever read stories to your child?*" it is preferable to ask, "*Do you ever manage to find time to sit down and read to her?*" If the caregiver answers affirmatively, the Visitor can explore further by inquiring, "*How often does he like you to do* *that?"* You will note here that the burden of frequency is put on the child, not the caregiver; however, in her answer she will inevitably describe her own behavior, e.g., *"He would like me to sit and read to him all day, but I can't do that. I tell him, 'I've already read to you, and one book a day is enough!'"*

Although it is a good idea to develop techniques for avoiding seemingly accusatory questions, the Visitor should not be so concerned about subtle wording as to ask the question in a way that will elicit tangential and irrelevant answers to the items as worded. Reassurance for timid Visitors should be found in the fact that most caregivers believe that what they do with and to the children is for the children's own good, and they often report with pride actions that you might expect them to try to conceal.

Most of the information necessary to score the Inventory will flow forth fairly smoothly without the use of precisely-worded probes. It is better to get the information as the caregiver provides it rather than through the use of an invariant interview procedure. However, it is important to check each item before leaving the home. It is very easy to think that you have obtained all the necessary information, when actually you omitted some items. The single most common mistake made in using the **HOME** is that the Visitor **does not get enough information** to score all the items. We feel that it is advisable to call the caregiver's attention to your checking of the items rather than have her make an inquiry about it. A simple statement such as, "*I'm jotting this down because if I don't I tend to forget some of the things you tell me,*" will usually handle the situation nicely. Caregivers know you are there to learn about the child, so they are rarely concerned that you take notes or check your information before leaving.

D. The Wrap-up

It is advisable to complete the coding of the Inventory before leaving the house; do not trust your memory. If the Inventory is being used for research purposes, it is quite possible that the Visitor will have some other form for the caregiver to fill out. A good procedure is to ask her to do this after the interview is completed. While she does that the Visitor will have an opportunity to make certain that all areas requiring a score have been covered. It will also give the Visitor an opportunity to be a close observer during a period when she does not have to worry about what question is to be asked next. During this time the Visitor should also check all items that are based on observation only. Before leaving the home, the Visitor should have placed either a plus or minus mark alongside every item on the Inventory.

Visitors often need to get some demographic information about the family, and this can be done either during the warm-up or the wrap-up period. For our purposes we use a fairly extensive form. However, since it contains items that other groups are not likely to want, we have included on the record sheet of the CHILD CARE HOME only a limited amount of demographic and child-care information. A good rule to follow in developing forms of this sort is that you should never ask questions for which you do not have a definite need.

E. Exceptions to Standard Procedures

Whenever one tries to define standard conditions under which procedures should be carried out, one immediately has to face the inevitability of more exceptions than standards. Such has certainly been the fate of HOME. In designing the instrument we opted for binary (either-or) choices rather than ratings along a continuum, for arbitrarily selected cutting points ("...no more than one instance of physical punishment occurred during the past week") rather than estimates of quantity and severity ("...uses physical punishment extensively, moderately, minimally"). We hoped thereby to eliminate a great deal of the subjectivity ordinarily associated with similar inventories. Accordingly, with each revision the items became more and more concrete and, we hoped, objective. However, significant objectivity for one situation reads "does not compute" for another.

For example, many of the items begin "Caregiver does..." something or other (reads to child, encourages developmental advance, provides toys, etc.). As discussed earlier, this choice of wording reflects the orientation that the caregiver is indeed an important person in the life of the young child and will be a major interpersonal influence on the child's development. Of course, this does not mean that the caregiver will supply all the care provided the child. For example, in homes with older siblings, many of the activities covered by Inventory items might occur in the life of the child but might be provided by an older brother or sister. Some caregivers have responded to items such as "Caregiver reads stories at least three times weekly," with a statement such as, "I don't, but the older kids do."

The frequency with which such exceptions occur requires the articulation of an overriding principle which will help the user make decisions about the scoring of individual items. The intent of the assessment procedure is to get a picture of what the child's world is like from his or her perspective--i.e., from where the child lies or sits or stands or moves about and sees, hears, smells, feels, and tastes that world. If that principle is kept in mind, then the Visitor will not have to split hairs to score some of the items. The Inventory is attempting to assess the Child Care environment from the perspective of the child and is not exclusively appraising the caregiving abilities of the caregiver. Toys bought for other children but made available to the key child can still help in the acquisition of eye-hand coordination. Books read by an older child still foster language acquisition. In order to obtain an accurate picture of the child-care environment, it is critical that we learn a great deal about the input supplied by the caregiver(s). However, a still broader portrait of the supportive qualities of the setting can be obtained by evaluating each exception in terms of the simple question: What is in it for the child?

F. The Observations

Throughout the session, the Visitor will be observing the behaviors of the caregiver and those aspects of the physical environment which comprise Inventory items. However, it is not a good idea to wait until the interview is completed to try to make a decision as to whether the behavior has actually occurred. Familiarity with the items and with the level or quantity of behavior chosen to designate success (e.g., kisses child once, verbalizes twice, etc.) leads to a general alerting on the part of the Visitor to such behaviors as they occur. A notation should be made on the Inventory form as quickly as possible. The recommended review of the Record Sheet at the end of the interview provides an opportunity to make certain that you have indeed paid careful attention to the kinds of behavior referred to in the observation items. The Visitor may have forgotten to praise the child in order to note the caregiver's response. If so, a quick check of the Record Sheet will serve as a reminder to set up the situation so that the caregiver's response can be observed.

Some people who use the Inventory have reported that they feel frustrated in making their observations for the interpersonal items because the really outstanding caregiver--the caregiver who verbalizes to the child 20 times during the visit rather than twice, the one who glows rather than smiles when the child is praised--does not receive a higher score than the one who is barely above the cutting point. In defense of this perceived weakness of the instrument, we offer a reminder of the major reason behind the development of the Inventory--the identification of at-risk environments where both the children and the caregivers could benefit from carefully planned intervention. There is room on the Record Form for comments, and these additional qualitative indicators should surely be included. However, it is quite true that they do not influence the actual score. Whether this is a strength or weakness of the procedure can be determined only by the accumulation of research data relating to developmental correlates in children.

One final word should be said about reliance on observation versus interview for the items relating to play and learning materials in all versions. It was originally intended that these be observational rather than interview items. In most cases, this is how the items are scored. However, the visit usually takes place in the living area of the home or apartment, and frequently toys are not stored in this area. As long as the child is present during the session (which is *de rigeur*), certainly some toys will be brought in for the occasion. Furthermore, they will most likely be the ones which the caregiver feels are "good for the child" and will be the very ones the Visitor will need to observe. However, it is acceptable to ask about other categories rather than demand to see the objects. If for any reason the Visitor feels that the caregiver is not clear on the type of toy asked about but says that she has bought one for the child, the Visitor might ask her to get it and let the child show how he or she uses it. This can easily be handled with good taste in such a way as to cause no discomfort to either the caregiver or the Visitor.

G. The Interview

For the Child Care HOME, we recommend the use of a structured interview. This is included with the detailed instructions for administering and scoring this version of the Inventory.

H. Scoring

All items on all forms of the Inventory receive binary scores--yes or no. Indicate "yes" with a "+" and "no" with a "-". No attempt is made to make finer gradations. The decision to employ a simple "yes - no" approach to scoring was made after careful consideration of many approaches, including the use of Lickert-type and Guttman-type scoring procedures. This binary format was chosen because it was difficult to come up with meaningful ways to operationalize Lickert or Guttman formats for each of the items. Rating scales such as "Always to Never" or "To a great degree to not at all," etc. were hard to fit to many of the items. Nor was there basis in the literature for *a priori* weightings for each item or a sample good enough to help establish empirically-derived weightings. This is not to say that other item formats are totally unfeasible or that the binary format is ideal for all items. In fact, the breakpoint between "yes" and "no" was established for some items with only a small amount of information to guide the choice. However, this format seemed to provide the best fit among the available choices.

In clinical use of the instrument, Visitors are encouraged to make notes on the form and to jot down general impressions following each visit. Also it is important to keep in mind the fact that all observation items refer to the contemporary situation--i.e., to conditions that prevail at the time of the visit. The time period covered by interview items varies; however, this is clear from the content of the item.

The present form of the Inventory includes three scales which together cover the first ten years of life. Some items on each scale are more appropriate for the younger half than the older half of the age range for which the measure was normed (or *vice versa*). However, in those instances an attempt was made to give the item a certain amount of stretch by wording it so as to encompass characteristic activities of both younger and older children. Change during the first few years of life is so dramatic that some such flexibility in the interpretation of items was essential. Except for those items where scoring criteria leave no room for leeway, the standard rule of thumb to apply in scoring is "what is appropriate for the target child." Toys useful in promoting hand-eye coordination in a 6-month-old are not the same as toys useful in promoting hand-eye coordination in a 30-month-old. Decisions about scoring must be made from the child's point of view. It matters not that the parent's "heart is in the right place" or that "she is doing a great job under the circumstances." What matters is what gets to the child.

The final thing to consider in scoring is to stick to the content of each item. HOME is a standardized procedure. Like most other measuring devices, it contains a sampling of items from a much broader domain. Nonetheless, it is that particular sample that forms the "standard" of comparison. If the item says "Caregiver takes child to grocery store," visits to a department store do not count. If the item states "Caregiver arranges for child to get music or art lessons," lessons provided in the school do not count.

Once individual items are scored, it is a simple matter to derive scores for subscales and for the total scale. The number of "Yeses" is simply added to get the score.

IV. SUMMARY

The information needed to score the CHILD CARE HOME Infant-Toddler Version, is obtained by having a Visitor go into the child's child-care setting and observe a caregiver interacting with the child and, in addition, interview the caregiver for information pertaining to other significant aspects of the child's interpersonal and physical environment. The general instructions given here are gender-biased, as it is assumed that most Visitors will be women and that most caregivers present during the visit will be women. Arrangements for the visit should be carefully made ahead of time so that the caregivers will not feel in any way "on trial." The interview should follow the tenets of all good human-service interviewing and should be relaxed, non-judgmental, and friendly in tone. Suggestions for a semi-structured interview that will elicit the information necessary to score the Inventory are included.

Scoring of the Inventories is always binary and has been developed so as to maximize validity, simplicity, and feasibility. It is done quickly on the spot, and no clinical interpretation is required after the visit.

CHILD CARE HOME INVENTORY

INFANT-TODDLER VERSION

SPECIFIC INSTRUCTIONS

Chapter 10

Section 3

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CHILD CARE HOME INVENTORY

INFANT-TODDLER VERSION

SPECIFIC INSTRUCTIONS

Chapter 10

Section 3

In the previous section, **General Instructions**, basic procedures for conducting the interview and making the observations necessary to score all versions of the HOME were given. In this section, specific instructions pertaining to the CHILD CARE HOME (CC-HOME), Infant-Toddler version is presented.

For the experienced user of the HOME, the wording of the items on the Record Form will stand alone. However, until a potential user is completely familiar with the procedure, some amplification of precisely what is intended by each item is necessary. Such amplification for all items on the CC-HOME is provided in this section. Because of their simplicity and binarity, the items are about as unambiguous as any scale developer can hope to achieve. However, language being what it is, some residual ambiguity is inevitably present in any abbreviated description of complex interactions or events. Accordingly, we have attempted to clarify precisely what is meant by each item in order to enhance reliable use of the Inventory.

I. INDIVIDUAL ITEM INSTRUCTIONS

A. Responsivity

This factor is defined as describing the extent to which the caregiver responds to the child's behavior, offering verbal, tactile, and emotional reinforcement for desired behavior and communicating freely through words and actions. Some of the items which loaded on this factor are based on responsivity of the caregiver to the Visitor rather than directly to the child. Obviously such items are based on the assumption that the caregiver's style of responding to the Visitor will reflect habitual patterns of social response and will therefore predict interaction modes between caregiver and child.

1. Caregiver spontaneously vocalizes to child at least twice. "Vocalizes" refers to any sound or words emitted by the caregiver except scolding or chastising. For example, she may say, "S-s-s" or "Sweet baby," or any random words or sounds. In order for this item to be scored positively, the caregiver's vocalizations must have occurred spontaneously as opposed to having occurred in response to some vocalization by the child. If the caregiver scolds or derogates the child repeatedly (i.e., far more than twice) but does not otherwise converse with him or her, this item should be scored negatively.

2. Caregiver responds verbally to child's vocalizations or verbalizations. Again the caregiver's response may be either a complete word or words or merely clearly differentiated sounds, e.g., "ta-ta," "tsk-tsk," or "You talking to me?" The key factor here is that the caregiver is responding to the child's vocalization, not ignoring it. If the child does not vocalize during the interview, thereby denying the caregiver an opportunity to respond, the score would still be "No."

3. Caregiver tells child name of object or person during the visit. The caregiver does not have to say, "That's an apple," or "We call this a purse," in order to obtain credit on this item. What is being measured here is the adult's sensitivity to the child's search for labels of objects around him. Credit for this item may be earned by a pattern of emphasis with the voice. For example, "*Do you remember Miss Jones?*" referring to the Visitor. She has "taught" the word with her intonation and supplied a referent for the child.

4. Caregiver's speech is distinct, clear, and audible. A positive score on this item is determined by whether the Visitor is able to understand what the caregiver says. This item should not be interpreted as meaning that dialect usage

mandates a negative score. What is important is whether the Visitor can understand and communicate with the caregiver.

5. Caregiver initiates verbal interchanges with Visitor. In order to be credited on this item the caregiver must demonstrate some initiative in asking two or three questions or making spontaneous comments that go beyond the bare minimum needed to give an answer. It is not necessary that she do this on all questions; however, occasionally she should take the initiative in the conversation and be a little wordy.

6. Caregiver converses freely and easily. In order to receive credit on this item, spontaneity is not as important as fluency. That is, the caregiver will be talking about things that are very close to her, and it should be very easy for her to express her ideas on this subject. A "No" would be given to a person who tends to speak in one word sentences or to use headshakes when they would do. An occasional exception would not earn credit; the characteristic speech pattern should be noted.

7. Caregiver permits child to engage in "messy" play. This item was developed as one that should cluster with others in the general category of acceptance. However, it had a

higher loading on this Responsivity factor and has accordingly been placed here. Certainly the caregiver who manages to allow a little messy play without getting too upset is responding emotionally in an appropriate manner. To be given credit, a caregiver does not have to disavow concern with wanting to see such behavior disappear from the child's repertoire; she must merely be willing to tolerate it occasionally. Included may be such things as playing with sand, mud, water, fingerpaints, or, for young babies, food.

8. Caregiver spontaneously praises child at least twice. In scoring this item, do not hesitate to read the caregiver's affect--any achievement reported with pride should count (can dress himself, has a good disposition, etc.). However, occasionally a caregiver will indicate approval of the child's behavior by making what appears to be a negative statement--"*I tell you, this kid is really bad.*" If she says that with a smile on her face and immediately follows the statement with some rather remarkable achievement--"*Would you believe he climbed out of his crib, got his bottle, and climbed back in all by himself?*"--from which one can obviously infer that she is proud of him, then consider this one instance of praise. Do not credit this kind of semantic reversal if it stops with the negative

term; score only if some proof of positive feeling is offered, and only if the compliment is spontaneous.

9. Caregiver's voice conveys positive feelings toward child. What you are looking for here is evidence that the caregiver feels good about her child--sounds animated when speaking about him or her, does not use a flat or querulous tone of voice, etc. Generally the comments will be accompanied by positive facial expressions.

10. Caregiver caresses or kisses child at least once. Under "caresses" would be included a hug, a stroke of the hair, patting an arm or leg, reaching out affectionately and touching the face, etc. Blowing a kiss as well as actually establishing physical contact may be counted as a kiss. Simply touching a child does not constitute a caress.

11. Caregiver responds positively to praise of child offered by Visitor. In order for the caregiver to earn credit on this item, the Visitor must remember to offer some praise of the child. Make certain that your praise is genuine--i.e., do not try to force praise that you do not feel as you look at the child. Usually you will have no trouble deciding how to score this, as a caregiver might agree with you, add more facts to encourage you further, beam, etc. However,

sometimes you will get little more than a "Thank you" said without feeling or an embarrassed smile. If so, find more than one occasion to praise the child. If you consistently get a response that shows no feeling or pleasure, then score negatively. Be alert to observe the caregiver's facial expression when you praise the child.

B. Acceptance

This factor covers the caregiver's acceptance of less than optimal behavior from the child and the avoidance of undue restriction and punishment.

12. Caregiver does not shout at child. A positive score on this item requires that the caregiver not raise her voice to a level above that required by the distance between her and the child.

13. Caregiver does not express overt annoyance with or hostility to child. A caregiver would receive a minus score on this item if she complains that the child is hard to take care of, that he is wearing her out, if she calls him "bad" without the affectionate joke described above, says he will not mind, and so on. Examples that would fail to receive credit would be remarks such as, "I don't know what I"m going to do with this kid," or "This kid is driving me up

the wall." A caregiver might tell a child to stop doing something several times during the interview and still be credited for this item if her general tone is positive.

14. Caregiver neither slaps nor spanks child during visit. Occasionally a visitor will feel that she does not know whether a caregiver is playing with or seriously slapping or spanking a child. The best guide to use in such instances is the child's behavior. If the child reacts with pleasure or happiness, chances are this represents a style of positive interaction between her and the caregiver. If she frowns or looks unhappy or whimpers or cries, you can feel pretty confident that, however the caregiver intended it, she does not perceive it as pleasurable. Score "minus" accordingly.

15. No more than one instance of physical punishment during past week. Most caregivers define physical punishment as spanking; some apparently seem to regard it as true punishment only if something other than the hand has been used. Some caregivers regard restraint and shaking a child also as involving physical punishment. Our definition includes all of the above, even if the caregiver has a different idea (i.e.. doesn't count unless a paddle or belt is used). If the child is hit, shaken, pushed against a

wall or object, paddled, or just poked hard with a finger, score as physical punishment.

16. Caregiver does not scold or criticize child during visit. This item is obviously similar to #13 above. However, the main difference is that on this item the caregiver must make the negative remark directly toward the child. That is, "You are a bad girl," not "She (speaking to Visitor) is a bad girl." If such a remark occurs one or more times, score "-"; otherwise score "+."

17. Caregiver does not interfere with or restrict child more than three times during visit. Restrictions and interference here refer to such things as: taking a toy away from a child; putting a child who has climbed up on the sofa back down on the floor; putting a child who is crawling around the floor into a playpen or crib; slapping a child as he starts to pick up the Visitor's handbag. In the last instance, the item would be applicable to both items #17 and #14. The restrictions may also be verbal--"Stop that"; "Get out of there." Do not code as interference any action taken to prevent the child from harming herself (e.g., running into the street).

18. At least ten books are present and visible. This item, and the one to follow, appear less faithful to the intent of the Acceptance factor than the others. Yet a *post hoc* explanation is always possible. Having books when there is a toddler present always poses a slight risk of having them torn or damaged, so their presence and availability identifies at least a willingness to cope with the child's curiosity and exploratory behavior--a clear form of acceptance. The same can be said for having a pet. A manipulable pet in the household of a toddler runs a definite risk! Caregivers who allow this are clearly being accepting of immature behavior.

The word "visible" was added to this item to make it an observation and not an interview item. However, being able to observe whether there are books present in the home might require a request to go through the entire house or apartment without a spontaneous invitation to do so from the caregiver. In such instances, do not hesitate to ask about the books that are available. The item will help indicate whether the child is growing up in a child-care setting in which reading and having books around are valued. For example, there might be an encyclopedia on the shelf that has obviously not been read. Even so, credit would be given for the item, as the presence of the books indicates that they are valued.

19. There is a pet. It seemed incredible that this item could have any content ambiguity, but apparently some Visitors have had trouble deciding whether one or another type of animal that has temporary residence in the setting can truly be called a pet. In our definition the word refers to an animal that is taken care of in the child-care setting (including the child's own home) and the child can play with or look at--i.e., one that stays in the setting on a semi-permanent rather than a temporary basis (such as a dog, cat, bird, turtle, goldfish, hamster, as opposed to a captured grasshopper, a lame bird, or a jar full of lightning bugs, etc.).

C. Organization

This factor refers to the extent to which there is regularity and predictability (without monotony) in the caregiving schedule, to the safety of the physical environment, and to the inclusion of community services as part of the caregiving support system.

20. Caregiver is one of not more than three regular substitutes for child. There is really no need to inquire about this, in that the mother will already have supplied the information. However, the item is included here because the wording is slightly different from that on the regular

Inventory form ("Child care, if used, is provided by one of 3 regular substitutes"). The mother is more likely to have the information necessary to score this than the caregiver, unless the caregiver is the father. In order to get the information during this session, ask, "*Are you the only person who takes care of BABY while his/her mother works?*" If the answer is negative, follow up with, "*Who else does this?*" Then ask, "*How many people are there altogether, including you?*" If the caregiver is joined by other people for part of the day on a regular basis (e.g., older sibs who show up every day at 3:30 and spend some time with the child, a neighbor who comes in regularly each morning for coffee, etc.), do not count these as extra caregivers unless the primary caregiver leaves the child totally in their care during those times.

21. Child is taken on an outing at least once a week. "An outing" can be broadly defined. It may be a walk to a neighborhood park to use the slide/swings. It may be a trip to the grocery store, a visit with a neighbor next door who has a child or children. It should be more than merely going out in the yard to play.

22. Child gets out of house at least four times a week. The infant/toddler may be taken no farther than the yard in

order for credit to be given. The intent of the item is exposure to sounds and sights and objects and people other than those routinely available within the house or apartment.

23. Caregiver has an emergency medical and/or accident plan. This is a requirement for all registered or licensed family day caregivers, so the visitor could ask to see the plan. For more informal arrangements, the visitor will have to ascertain whether the responsible caregiver has thought about this, has a plan, has phone numbers and names written down, etc. The visitor should ask, "*Tell me what you would do if you had an emergency with BABY.*" If there is any reason to doubt the accuracy of the response, ask, "*Where do you keep your list?*" With this kind of probe, the caregiver will generally get it and show it to you.

24. Child has a special place for toys and treasures. This item will reflect the predictability of the child's environment. The special place may be a closet, drawer, a plastic basket, or even a cardboard box or paper bag. It need not be a fancy chest especially sold for children's toys. It does not have to be in a special room. The accessibility of the special place for either removal or returning toys by the child is the essence of the item. The special place does

not have to belong exclusively to the key child; it may be shared with another child.

25. Child's play environment is safe. The Visitor should use her own good judgment in scoring this item. Examples of hazards are: broken glass lying around, furniture with wood splinters or exposed nails or pins, an uncovered rotary fan, boards with nails sticking out, unprotected stairs for a pre-walking baby, house so close to the street that child could not safely play in the yard, pot handles extending over edge of the stove, etc. Overcrowding or clutter would not count as a hazard unless it existed to the extent that it could injure the child.

D. Learning Materials

This factor deals with the provision of appropriate play and learning materials capable of stimulating development. The factor could have been called something like Toys and Equipment to Support Development. Historically, we did call it that and various other things at different times in the past. But in trying to shorten all the subscale labels, we settled on the true common denominator of the items included here--they are materials which, when used by the child, provide tools for the development and refinement of crucial skills which must be acquired during the infant/toddler years. Thus we have relabeled the subscale, Learning Materials.

In scoring items in this section, it is important to keep in mind the **developmental function** served by each type of play equipment mentioned. What is crucial is not whether the toys are shiny and new and expensive or whether they are home-made or hand-me-downs. What is important is whether they will allow the child to touch, feel, manipulate, move, listen, and have fun in the process! Also it is not critical who purchased the toy. What matters is its availability to the child.

For each of the items in this subscale, the child must have access to the toy or piece of equipment. If someone has purchased the toy for another child but the child who is the subject of the visit is prohibited from using it, then credit should not be given.

26. Muscle activity toys or equipment. Examples are crib gym, ball, rocking horse, jumpseat, door swing, or any of the items mentioned in #28. If such equipment had not been provided by the caregiver but is available in the childcare setting, the item should be credited so long as the infant or young child is granted access to it. Also the item need not be identified by the caregiver as "belonging" to the child; it might be shared with other children. However, it must be available for use. Thus, for all the toy items,

credit would not be given if someone had bought the toy for the child but it had been lost, broken, or stolen. In such cases it would not be available.

27. Push or pull toy. Examples are toy lawnmowers, vacuum or carpet sweepers, corn poppers, music boxes on a stick, xylophone that is pulled by a string, wagon, etc. Credit also a shoe box with a string attached, a real carpet sweeper (with which the child can regularly play), or a kitchen stool on wheels.

28. Stroller or walker, kiddie-car, scooter, or tricycle. These items are all self-explanatory--anything with wheels that a child can ride on or in, or a large wheel toy that the child can manipulate.

29. Caregiver provides toys for child to play with during visit. In order to be credited on this item, the caregiver must make some special effort to see to it that the child has something interesting to do during the visit. If the visit is conducted in a room that contains a number of toys or the child's toy box, one should assume that the caregiver has taken special efforts to have something available to entertain the child during the interview. If, however, the child tires of what is available and begins to whimper or to

ask for something to do, this item should not be scored unless at that time the caregiver makes some special effort to bring out a new toy or do something else to interest the child.

30. Cuddly toy or role-playing toys. This is an item that has a certain amount of age flexibility. For children up to about 18 months, a teddy bear or other stuffed animal or doll would provide the tactile experience presumably offered by a cuddly toy. For children between roughly 18 months and three years, any kind of doll or stuffed animal that stimulates make-believe would be credited. It may occasionally be more difficult to decide on this item when the key child is a boy, as families are often loath to provide their boys with anything that is "sissy." In such cases a cowboy suit or policeman's or fireman's hat would be acceptable. Cowboy boots would not.

31. Learning facilitators--mobile, table and chair, high chair, play pen. What is essential here is that the caregiver provide the child with a piece of equipment considered necessary for various types of learning to occur, not just with a toy. (Mobile was included in order to have something applicable to very young infants.) The play pen may seem out of place in this item. It was included because it

provides a safe environment in which an infant can play when the caregiver cannot provide direct supervision. In order for a play pen to be used for a positive score on this item, the caregiver should indicate that toys are placed in it whenever the baby is there.

32. Simple eye-hand coordination toys. This item involves such things as small objects that can be placed in and taken out of a receptacle, toys with more than one part that can easily fit together, large beads to string, etc. The items should be fairly small and should require precise hand movements--the child should not be able to move around and manipulate them at the same time.

33. Complex eye-hand coordination toys. Obviously this item is similar to the previous one, and Visitors will have to make an occasional judgment call as to whether a given coordination toy is "simple" or "complex." Both simple and complex manipulation toys often involve the combination of components. The key to the judgment of complexity is whether the combination that results from the child's manipulations can create an item that is more than and different from that created with repetitive combinations of similar identical components. Thus beads to be strung (resulting in more beads on the string if successfully

manipulated) is a simple eye-hand toy; Lego blocks (which can result in shapes totally different from the shapes of the individual pieces) would be a complex eye-hand toy. Other examples of complex coordination toys would be nuts and bolts, Lincoln Logs, Tinker Toys, etc.

In scoring this item, the Visitor must remember that what is crucial is not whether the infant/toddler uses a potentially complex toy in a mature fashion (e.g., tries to make a house with Legos) or uses it only in a somewhat pedestrian fashion (e.g., makes a "road" out of bricks all the same size). What is being measured is what the caregiver has provided, not what the child can do.

34. Toys for literature and music. This includes tapes, books, records, toy musical instruments, etc. Although the "literature" part (books, talking records) of this item seldom causes any trouble, the "music" part does. A record player that the child may manipulate would be a perfect example in that both story records and music records could be played on the instrument. Again consider the age of the child in scoring this item. For example, a rattle with a musical jingle would be acceptable for a baby but not for a toddler. The radio is acceptable if the child is allowed to turn it on and select a station. The same would be true for a record player. If the family record player is accepted,

then the child must be permitted to manipulate it. At least two such toys must be available (one for literature and one for music) in order for credit to be given on this item. Throughout items #30 - #34, the key to scoring is that the child be allowed to manipulate the play item even though he/she may not choose to do so. For example, the caregiver may report that she has bought blocks for her child but that the child never plays with them. In such instances, inquire in order to determine whether this is because the child is not interested or whether they have been kept from him or her. "Provides" requires that the child is not forbidden to touch, handle, or play with the item. The caregiver does not have to be the one who bought the items. What is critical is that the items be available to the child.

E. Involvement

This factor defines the extent to which the caregiver is actively involved in the child's learning and provides stimulation for increasingly mature behavior.

35. Caregiver keeps child in visual range, looks at often. This is an interview item pertaining to times when the caregiver and child are at home together. "Often" means frequently enough to ensure safety of the child and to keep some kind

of interpersonal contact going--the sort of thing lovers do when in the same room but out of reach of one another.

36. Caregiver "talks" to child while doing household work. "Talking" to the child in this item means that the caregiver in the course of her or his own work activities finds a way of including the child in what is going on. The caregiver may talk directly to the child, e.g., "*Well, I'm going to wash these dishes now*"; or "*It's time for me to wash the diapers.*" Perhaps the caregiver may simply talk as though to the child as she goes about her work, "*I don't see how we can get a house so dirty.*" The critical thing is that these comments occur within hearing range of the child or possibly with direct eye contact.

37. Caregiver consciously encourages developmental advance. The first key word in this item is "consciously," as it is indicative of a teaching attitude on the part of the caregiver. The second key word is "encourages." In order to encourage, the caregiver must do more than just "allow" the child to develop or a particular type of behavior to occur. Instead, the caregiver must take an active role (e.g., arrange the circumstances to assist development, praise the child's efforts, provide specific opportunities for behavior to be rehearsed). Credit on this item is given

to the caregiver who finds little ways to help the child learn to roll over, who occasionally puts a toy out of reach to encourage crawling, who gives the child a spoon to let her try to feed herself, who tries to teach patty-cake, etc.

38. Caregiver invests maturing toys with value via personal attention. Maturing toys are those which, the first time the child is introduced to them, call for abilities a little bit beyond any demonstrated to date. Thus they involve the acquisition of new skills and offer the child a challenge. Many times caregivers will present such toys, put them down in front of the child, and assume that the child should go on alone from there. Success on this item requires that the caregiver "talk up" the new toy, sit down and play with it herself or himself with pleasure and glee, or show the child how it can be used and encourage play with it. The encouragement should be participatory, not via some command like "*Go play with the fancy blocks I gave you.*"

39. Caregiver structures child's play periods. This does not mean that the caregiver must decide everything that the child should do throughout the day. Rather it refers to one who recognizes the short attention span of the young child and the need to offer occasional suggestions as to things the child might do. Structuring need not involve any

request that the child play. For example, the caregiver who notices that her child is fretful, who then goes and gets a corn popper and puts it down in front of the child is structuring the play period. Credit should also be given for a more verbal caregiver--i.e., one who says, "*Why don't you go and get your corn popper and play with it.*"

40. Caregiver provides toys that challenge child to develop new skills. Scoring this item requires some awareness on the part of the Visitor of toys that are and are not appropriate for children of a given age level. What is being assessed here is the caregiver's skill at estimating the child's ability and interest level and at finding materials that will challenge further development. Credit should be given even if the caregiver appears to overestimate the skills that the baby is ready to begin to acquire.

F. Variety

This factor encompasses the inclusion in daily life of people and events which bring some variety (without disorganization) into the child's life.

41. Mother provides some care daily. This is another item for which information will already have been provided during the session with the mother. On the original Inventory, the

parent referred to in the item is the father. Presumably the item loaded on the Variety subscale because, in a home setting in which the mother is the primary caregiver, the father introduces some variety into the daily schedule. In at least some of the settings in which we use this version of the Inventory, the father will be the one providing care. Accordingly, we need to know whether the mother provides some of the child's daily care during the hours that BABY is in child care. In in-home care settings, use of the question as written will suffice. In care arrangements in someone else's home (family day care, relative care with or without pay, etc.), we would begin with the question, "*Who usually brings and picks up BABY?*" If this is the mother, then obviously she provides some care. If not, then ask, "*Does the mother ever come to visit BABY while he/she is in your care?*" If the caregiver says he/she doesn't know, then score negatively. Accept any other answer given and score accordingly. Do not count maternal care that occurs beyond the hours BABY is in this child-care arrangement.

42. Caregiver reads stories to child at least three times weekly. This should refer to a children's book or magazine and, except with young infants, should be more than merely turning pages of a magazine and saying words. If the caregiver says, "I don't, but her father or the older

children do," score "+" if the designated reader is old enough to be a true reader.

43. Child eats at least one meal a day with caregiver and/or other children. The purpose of this item is to determine whether during mealtime the baby/child is in a social situation or is isolated. At six months it is difficult to imagine how a baby could get a negative score--i.e., if the baby is on any solid food, someone has to do the feeding. However, if the caregiver simply stuffs food in the baby's mouth from time to time, while intently watching TV or talking to a neighbor, this would not count as social interaction. A visitor is not likely to see this during a visit. If, however, the caregiver pays more attention to the TV than to the visitor during the interview, this is a pretty good indication that the same thing would occur at other times. Ask, "*How do you manage when one of your programs is on when you have to feed the baby? Does he/she demand all of your attention? Or can you feed him/her and watch at the same time?*" Another negative score would be a caregiver who propped the baby's bottle during the feeding time in which the caregiver had responsibility and did not even necessarily remain in the same vicinity. With slightly older infants in family day care settings, a positive score requires that the infants be fed with or near other children

who are eating. It does not require that the caregiver sit down and eat with the children.

44. Caregiver and child visit or receive visits from neighbors or friends once a month or so. This item is self-explanatory. Does anyone come in to provide a bit of variety in the daily routine? Does the caregiver make the effort to extend the child's world by brief visits with other people? (In registered and/or licensed family day care, taking the child to some other home is not likely to happen. Any trips outside the home are likely to be of the field trip variety, which would be scored under 21.)

45. Child has 3 or more books of his own. If the setting is family day care, the books may be shared with the other children; they do not have to be identified as belonging exclusively to the index child. What is critical is that they be accessible to the child. If the setting is in-home care without other children present (but with other children perhaps being present part of the time), the books should be identified as "BABY's books."

II. OBSERVING AND INTERVIEWING

As stated in the previous section, we recommend flexibility in observing and interviewing during the home visit in order to obtain valid information about the child's current home environment. Real homes are alive and dynamic, and most caregivers are spontaneous and animated when they talk about children. In such instances you will get a better picture of the environment if you allow the caregiver to lead, accommodating information they provide to the wording of your items, and probe only when necessary. With other caregivers, of course, getting information is like pulling teeth. In such instances, you will need to check your interview prompts, note (if you have not already memorized it) the exact wording of the items, and make certain that you get all the needed information. Even in such homes, flexibility and informality on the part of the Visitor are needed to avoid an atmosphere which seems intrusive, formal, and businesslike.

A. The Observations

With the exception of Items 7 and 15, the first 18 items on the Infant/Toddler HOME are based entirely upon observation. Items 7, 15, 20-23, 35-39, and 41-45 depend largely on the interview. Items 19, 24, 26-34, and 45 can go either way. That is, observation may yield all the information necessary for scoring. However, if not, it is probably better to get the necessary information by interview on these items than to have the Visitor request to see a part of the house other than the area which the caregiver has set up for the visit. Item 40 is technically neither observational nor interview-dependent. It requires a judgment call based on what is seen and learned during the visit.

Even though the first third of the Child/Care HOME is based almost exclusively on observation, the Visitor should not expect to make the observations within the first third of the visit. In fact, none of the items can really be scored until the very end in that they pertain to behavior that might occur at any time during the visit or else to a specified number of occurrences over the entire observation period (e.g., praises child at least twice).

Essentially what you are observing is the nature of the interaction between the caregiver and the child. Even though the items are binary and sound very cut and dried, they manage to communicate the tone of the interaction: Is it warm and loving or distant and possibly hostile? Is there mutual pleasure in the relationship or annoyance and frustration? Are the needs of the child recognized and accepted, or are things run primarily on the caregiver's terms? These subtle manifestations of the nature of the home environment will indeed show up in the observation items.

Knowing the items in advance of the visit and being familiar with the exact cutting points chosen for the binary items (e.g., once, twice) will help the Visitor remain alert throughout the visit for the requisite number of occurrences. During the wrap-up moments of the visit it is crucial to **check and record** in case you need to "stage" something you might have forgotten (e.g., praising the child to note the caregiver's response) in order to be able to score all the observation items.

B. The Interview

The following interview schedule is to be used to obtain the necessary information to score all CC-HOME items not scored on the basis of observation.

1-6. Observation only.

7. "*Once babies this age start eating solid food, they put their hands in it and want to play in it. How do you handle it if he/she tries to do that?*" (Note: for older children, ask about mud, water, sand, etc. as well as food.)

8-10. Observation only.

11. This item (Caregiver responds positively to praise of child offered by visitor) does not require an interview probe. It is listed here merely to remind the visitor to be sure to offer praise in order to observe the caregiver's response.

15. *"Even though BABY's only six months old, do you sometimes have trouble getting him/her to do what you want him/her to do?"* Wait for answer, then ask specifically, *"Have you ever had to spank him/her?"* If the answer is affirmative, ask, *"How often did you have to do that last week?"*

16-17. Observation only.

18. Do not ask if observable (availability of 10 books). If not, ask *"Since you spend so much time taking care of BABY, you probably don't have much time for reading."* Wait for response, then ask, *"Do you have any books for yourself here in the house?"* If you don't get some number, then simply ask, *"Do you have as many as ten?"*

19. Observation generally. However, if none is observed, ask before scoring negatively, *"Do you have any pets?"*

20. *"I understand that you are the main person who cares for BABY while his/her mother works. What happens if you are sick or have to be away from several hours or a whole day?"* Keep inquiring until you know whether there is a regular back-up system of not more than 2 other people. (Note: this item can actually be scored from the mother's report during the 6-month Home Visit if the caregiver does not know.)

21. *"Do you ever take BABY (the children you care for) on little outings?"* If no, the scoring is obvious. If yes, ask for an example and then ask about how often he/she does this.

33. *"Do you take BABY (the children) outside very often?"* Follow-up on whatever he/she says to determine whether this occurs at least four times a week.

23. *"What would you do if you had an emergency with BABY?"* If the response does not include information that the plan (phone numbers, contact people, etc.) is written down somewhere, ask, *"Do you have to remember all of this, or do you have it written down somewhere?"* If you doubt caregiver's veracity, ask to see the list.

24-35. Observation. If this is a family day care home, the interview will most likely take place in the room in which most of the care is provided and will contain the accessible toys. If it takes place in a living room, you may have to inquire. If so, ask a general question, *"Tell me about the toys you have for BABY to play with."* Check off types as mentioned, but do not assume that failure to mention means unavailability. If necessary, ask about each type, using essentially the wording on the scoring form.

36. *"What do you do with BABY (The children) while you take care of some of the other things you have to do each day?"* (Be careful not to suggest the scorable answer with your questions.) *"Do you put him/her in his/her (crib, play pen) while you get the lunch (straighten the room, clean the bathroom, etc.)?"* Then, if necessary, try, *"Do you keep him/her in the room with you when you do those things?" "Is he/she interested in what you are doing?"*

37. *"Have you tried to teach BABY any little games like peek-a-boo (or peep-eye, or pee-pie, as we say in the south)?"*

38. *"Is BABY interested in the toys you have for him/her?"* Whatever the answer, ask, *"How do you get him/her to play with the toys?"*

39. *"Babies this young can't pay attention to anything very long. What do you do if he/she seems restless or bored?"*

40. Observation. Make your own judgment here.

41. If this is family day care, ask, *"Who usually brings and picks up BABY?"* If "His/her mother" is not the answer, ask, *"Do you know whether BABY's mother takes care of him/her part of the time every day?"* See the manual for details on this item.

42. "*BABY's pretty young for books, I suppose. Do you ever read little books to him/her?*" If the answer is affirmative, ask, "*About how often do you do that?*"

43. "*How do you handle mealtime with BABY?*" (Check the manual for possibly necessary probes on this item.)

44. "*Do any of your neighbors come over and visit while you are caring for BABY?*" Wait for answer, then ask, "*About how often does that happen?*"

45. Observation is usually sufficient. If necessary, ask, "*Are there any books here that BABY can look at or try to hold?*" If this is a family day-care setting where other children are also present, books that are accessible to the baby count; they do not have to belong exclusively to the target child. In a home setting without other children, they should "belong" to the child.

Wrap-up. It is important to close the interview with pleasantries and to make certain that the caregiver has not in any way been upset by the visit. A sensitive interviewer will have no trouble composing a scenario for this part of the visit: "*Has she been an easy baby to take care of?*" "*She's pretty big for her age; she must be a really good eater.*" And so on. Also we urge Visitors to encourage caregivers to ask any questions of them at this time and to be quite candid in their answers. Caregivers will not infrequently inquire as to whether they have been doing the right thing or if they have bought the right toys. These questions should be answered as candidly and as honestly as possible within what the Visitor considers the limits of her own knowledge and expertise. Then, most importantly, a cordial thank you for the caregiver's time must never be forgotten.

Our own experience, and that of hundreds of other users of the Inventory in different parts of the world, is that caregivers almost always enjoy the experience of being administered the HOME. If the Inventory is administered on more than one occasion in longitudinal studies, we do not know of a single case in which caregivers refused to allow the repeat visits. In this fact alone, potential users should find considerable reassurance that caregivers will be neither annoyed nor offended by the procedure.

Chapter 11

SIXTH-MONTH HHS FATHER VISIT

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Chapter 11

SIXTH-MONTH HHS FATHER VISIT

I. GENERAL CONSIDERATIONS FOR THE SIXTH-MONTH FATHER VISIT

A. Your Role as a Visitor

As a home visitor, your main objective is to obtain accurate, reliable information in the most pleasant way possible. Home visitors must balance their professional role and objectives with their role of being a friendly, respectful guest in someone's home. Unlike the typical lab setting, many unexpected things arise in the home that require flexibility on the part of the visitor. Your flexibility conveys your respect for the family and the way they do things in their home. Your flexibility and openness, however, should in no way compromise your professional agenda. The tone of the home visit is that of a friendly, relaxed yet professional visit.

There are several ways that you can prepare yourself for this role. First, become totally familiar with the protocol. This familiarity will make you comfortable enough to be flexible and also will help keep your professional agenda in mind as you accommodate to the unique circumstances facing you. Second, become familiar with sixth-month-old babies and the kinds of issues parents are concerned with at this time. Third, you can dress the part: wear casual, yet professional clothes (no suits or jeans). Fourth, continually examine for yourself any situations that arise which prevent you from feeling totally comfortable with your role. Discuss these with your PI or site coordinator and see if there is a better way to deal with such situations in the future.

B. About Babies

It is likely that the child will be present and awake at the time of the interview. It is important for the Visitor to be comfortable with young children and knowledgeable about their ways. Reading up a little extra on babies is a good idea for most Visitors. Site Directors can often recommend good reading materials.

Here we present a few crucial points, especially for those Visitors less familiar with babies. First, as soon as you see the baby, notice and comment on something positive about this child to the father and mother. Not saying anything is sometimes taken as a slight; saying something honestly nice is easy to do about even the most difficult babies. Be careful not to overdo it or to say anything judgmental that could be taken as negative -- even an innocent comment can stay in the father's mind for a long time. Second, if you feel that you may be contagious with any illness, be sure to reschedule or find a substitute. Even if you think that you are not contagious, fathers will not appreciate your coughing and sneezing around the child. Finally, Visitors may find it helpful to find six-month-old babies that they can spend time around in order to become more familiar with babies this age.

C. When the Father Reveals Personal Problems

Occasionally, in a father's eagerness to talk, he makes an implied or direct appeal for help with his own personal problems. Sometimes, fathers can talk for so long about their problems that there may not be time to complete the questionnaires. The Visitor should be careful about feeling that he/she must handle these problems or solve them for the father. The Visitor might say something like *"I can understand your being upset (or concerned) about that. When we finish filling out the questionnaires, maybe we can talk about it more."*

Each site may want to develop its own resource list to meet the needs of its families on a case-by-case basis. The list may include the following information:

Helpful books on parenting and development
Fun things to do with your kid
Child-care services
Child-development services
Health services
Parenting-support services
Crisis intervention
Substance-abuse services

Although sites may have these lists of community resources for office use, we will not routinely give fathers any information concerning resources. This may constitute an intervention. For example, if the list contained information about "Fun Things to Do With Your Kids," we may subtly be encouraging fathers to behave in certain ways with their children. If the father requests this information, however, we do have a responsibility to be reasonably trained to provide information about available resources.

Researchers at each site should be relatively familiar with the services that are available to parents in their area. If a situation arises in which a father requests information or some type of referral, the researcher may say something like, "*I can see that you would like help. I am not (trained) (in a position) to help you, but perhaps you would like me to talk with Dr.----, our Director, and s/he will know of someone that could be of help to you.*" Immediately after the visit is completed, document the father's concerns and requests on the Visitor's Interview Report Form and discuss the situation with your Study Coordinator (SC) and/or Principle Investigator (PI). Get back to the father as promptly as possible with the appropriate information. If it seems appropriate to have your PI or SC speak with the father, the Visitor should ask if the father would like the Director to call.

Each site should keep a record of the kind of information distributed to a particular parent and what impact, if any, this had on the family's life, if known. (This can also be recorded on the Interviewer Report Form.)

D. When the Visitor Observes Family Difficulties

A more serious and difficult problem arises when something is revealed at the home visit that suggests that the baby (or mother) is in "jeopardy." (See Principle 9 of the "SRCD Ethical Standards for Research with Children", Appendix H, Chapter 6, Section 1 of this manual.) For example, you may suspect some form of child abuse. Prior to conducting any home visits, the Visitor should become familiar with indicators of child abuse and the laws governing reporting this to the authorities in your state. You should immediately report to your PI what you saw or that you have suspicions of abuse but no hard evidence. A list of indicators and definitions of child abuse is included in Appendix A of the Chapter 6, Section 1.

E. Sharing Personal Information With the Father

Even though you are trying to establish a relationship with the father, you must avoid sharing personal information. By sharing such information, you may inadvertently establish certain response biases in the father as he assesses what your values may be. The reliability and validity of the data depend upon the visitor being able to establish an interpersonally neutral atmosphere. Making evaluative statements when the father tells you his opinion on a topic during conversation or sharing personal information with him are two major ways that a visitor can introduce bias into the data collected.

F. Confidentiality

We have guaranteed parents (in the Informed Consent Form which was filled out during the one month visit) that all the information that we collect about them will be confidential and that all data will be kept confidentially, in a locked file cabinet. If you cannot keep confidentiality (such as in a case of child abuse), you should stop the father and explain to him the limits of your confidentiality before you allow him to continue. Preserving confidentiality means, in addition, that you discuss data only with NICHD project staff and that you conduct visits only with families whom you do not know. In addition, avoid discussing families with other NICHD staff members who may be collecting more data on the family in the future; otherwise you may bias future home or childcare visitors' perceptions.

G. Expressing Appreciation

Be sure to emphasize at some point during the visit the importance of the father's contribution to the research, how worthwhile and important the research is, and how much the father's time is appreciated. This is often a good thing to do as you are leaving, if it hasn't come up before. Say something like, "We really appreciate your time. This research is important to understanding how children develop, so we appreciate that you are willing to help us with this.

H. Who Can be a Father Six-Month Home Visitor

The father visitor should be different from the research assistant who observes the father's child in child care. The father visitor may or may not have conducted the 1-month home visit.

II. FATHER SIXTH-MONTH MATERIALS

A. Forms for the Father Visit

The following forms will be used in the following order during the six-month visit. (See Appendix for Questionnaire Instructions and Definitions.)

1. Site cover sheet with address and checklist (Remove this sheet from the booklet prior to sending the booklet to the DCC. This sheet is not to be sent to the DCC.) (For use at each site.)

* 2. Form 8A (cover sheet labeled "Six-Month HHS Father Visit").

* 3. Form 8B (Attitude Toward Maternal Employment)

* 4. Forms 8C & 8D (My Time Spent as a Parent, Parts 1 & 2)

* 5. Form 8E (Combining Work and Family)

* 6. Form 8F (Self Scale)

* 7. Form 8G (Love and Relationships A)

8. Other site-specific questionnaires or procedures (Do not send to DCC.)

9. Form 8H (Fathers Questionnaire Log) (Do not send to DCC.)

* 10. Form DM-F (Visitors Interview Report Form) (Send only the first page to DCC.)

> NOTE: "Instrument Time Frame" on this form refers to what visit occurred, e.g., 1 month home, 6 month child care, etc.

11. One extra set of forms (to be read to the father in case he cannot read)

The starred forms should be copied; the original should be sent to the DCC and the copy filed in the site's files.

B. Form to be Completed by the Mother

Form 8G (Love and Relationships A) will be completed by both the father and the mother. The mother may complete the form either during the mother visit or during the father visit. Sites may decide which procedure to use. If the form will be completed by the mother during the mother visit, then the form needs to be added to the checklist used by the mother visitor, and one copy removed from the Six-Month HHS Father Visit booklet.

C. Additional Materials Needed for the Visit

1. Self-addressed stamped envelopes in case the father needs to mail some forms
2. An envelope in which to put completed data
3. Subject payment and receipt
4. The Six-Month Father Visit Manual

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5. Questionnaire Instructions and Definitions (See Appendix; sites may want to laminate these pages, since they will be used over and over.)

6. Several No. 2 pencils and pens

7. Writing board (Do not use a clip board, since the clip damages the forms.)

8. Map and directions to the house

9. Small change for the telephone

A checklist for common-protocol materials has been included on the site checklist and address form. Each site may also want to develop a checklist which includes both common-protocol and site-specific materials so that the visitor can more easily prepare for each home visit.

III. CONDUCTING THE SIXTH-MONTH HOME VISIT

A. Window for Data Collection

Ideally, the 6-month home visit will be scheduled and occur within 2 weeks before and after the child's 6-month birthday (figured in months). If, however, the visit must be canceled for some reason or cannot be completed and must be rescheduled, you may reschedule at a later date, beyond the 2-week window if necessary. Moreover, repeated rescheduling will be allowed until the child is 8 months of age.

B. Pre-Visit Preparation

Before going to the father's home the Visitor should do the following things to prepare for the visit.

1. Directions and Map. First, the Visitor should check a map to make sure that the directions received from the father are correct. Checking the map will also help the Visitor plan the time he/she needs to find the father's home and to anticipate delays.

2. Site Cover Sheets. Second, the Visitor should check that the appropriate information regarding the father's, mother's, and baby's names, address, phone number, and child's gender and date of birth are recorded on the Site Cover Sheet. Also record any special instructions about getting to the family's home (driving directions, parking, etc.). Information about travel time and mileage to the site are recorded during the visit so that future visitors will know how much travel time to plan. The name of the visitor is also recorded.

Before leaving for the home visit, check to be sure you have all the materials needed for the visit, using the checklist on the Site Cover Sheet. After the visit, once back at the project office, the Site Cover Sheet should be separated from the data and should be filed in the family's folder along with the Questionnaire Log Sheet and Interview Report Form, after discussing any problems or concerns with the Site Coordinator and/or Principle Investigator for your site.

C. Getting Acquainted and Establishing Initial Rapport

Upon arrival at the father's home, offer a friendly greeting, ask how everything is going, etc. For example, "*Hello (Mr. Smith), I'm (Sue Darling) from the NICHD Study of Early Child Care at (Temple University). I appreciate your letting me come out and visit with you today, especially since you must be pretty busy with (BABY'S NAME). How has everything been going for you and your family?*"

If the baby is present show appropriate interest and say something nice about the baby.

D. Filling Out the Questionnaires

After making small talk and establishing rapport with the father, say, "I have some questionnaires for you to fill out yourself. If you have problems with any of the questions, please let me know." Just be sure to let the father know that he should ask if he doesn't know what he is supposed to do. Also point out to the father that he needs to blacken in his answer as completely as possible in the appropriate space with the pencil which you will be handing him at this point.

Give the questionnaires to the father, one at a time, using some hard writing surface (not a clipboard, which creases the forms and jams the machine which reads them). The printed forms contain brief instructions for each questionnaire which you can encourage the father to read carefully. In addition, you should read aloud the instructions using the Questionnaire Instructions and Definitions (see Appendix).

When the father finishes each questionnaire merely say "thank you," not "that's great" or even "fine." It is common for people to worry that they are doing questionnaires "right" (more about that later), so don't use any evaluative words that make them feel that you are judging whether they did it "right" or not. Also, maintain some physical distance if possible so that the father doesn't feel that you are looking over his shoulder. You may want to monitor him inconspicuously, just at first, to see that he is starting off correctly.

If it appears that the father cannot read, or if he is taking a very long time (very poor reading skills), you may offer to help him read. Do this only when you really feel that it is necessary. You can say something like "*We would like you to fill these out yourself, but if there's any difficulty, I will be glad to read the questions to you. I'll give you a moment to look at the forms and see what you think.*" For this purpose, always take an extra set of the questionnaire forms. Read them to the father, help him keep track of where you are on the form if necessary, but if at all possible, let him mark his own copy of the form so that his answers are given as confidentially as possible.

If the father is having trouble doing the questionnaires because he is holding the baby or the baby is distracting him, you may offer to hold or play with the baby while he does the questionnaires. If the father asks you to read the questions to him, and you know he can read, stress to him the importance of administering these questions in the same way to everyone and that we really need him to read the questionnaires. It is extremely important for several reasons that, if the father can read, he complete these forms himself. The visit moves faster, the information is more standard, and the information is more private.

E. Checking Questionnaires

When the father hands back to you the first questionnaire, ask him if he would mind if you check it over to make sure that he did not miss an item that he did not intend to leave blank. Nearly every father will say that he does not have a problem with this. If he says that he does not mind, quickly look over the form to see if he has missed anything. You may wish to cover up the questions on the form as you look at the answers so that it is obvious that you are not reading his responses. Remember to check the back side of all forms. If he has left something blank, ask him if he intended to do so. If he did not intend to, ask him if he would like to add his answer at this time.

If the father says he doesn't want to answer that question, say "fine" and record on the questionnaire log that he refused to answer an item. If he says that he didn't know how to answer an item, ask him for his best answer. If the problem is that he doesn't understand a word, you can define a word for him. If the father does not want you to scan the questionnaires, ask him if he will quickly scan it for missing items for you. When this is complete (whether you scan it or the father scans it), place the questionnaire in an envelope so that it is clear to the father that his answers are now out of sight. If you find missing data when you get back to the office that you didn't detect, call the father as soon as possible and get the missing response by phone.

We do not want to give the impression that we are reading the father's answers, because he may then censor responses on later questionnaires. If we read his responses or ask him about anything in particular he indicated on a form, he will see very little sense in having to complete the forms himself.

F. Father Questionnaire Log Sheet

As you check over each questionnaire, you will mark on a Father Questionnaire Log whether blank responses are refused information or if you were unable to check his responses on a particular questionnaire (in which case, it may just be missing data). This log will also have a place for you to indicate whether you had to read any of the information to the father and whether you suspect that some of the information may be unreliable (e.g., the father seemed harried and just whizzed through the questionnaire, he didn't seem to understand a questionnaire or certain items well, he can't attend well enough to respond, he expressed resistance, kept asking when this would be over, etc.). The form should be filed in the site's father visit folder for that subject and should not be sent to the DCC.

G. Responses To Common Problems

Several common problems have arisen in piloting. Following are some ideas for dealing with them.

1. The father asks someone else in the home to help with the questionnaire answers (e.g., his wife). Politely make it clear to him that we want HIS best answer and that in all the families we are asking the fathers to give these answers; to make it comparable from family to family, we need him to answer the questions without consulting with anyone.

2. The father is concerned that he doesn't know the "right" answers. Make it clear to him that there are no right or wrong answers, and we want his opinion or best response to the questions.

3. The father asks you what is meant by "very satisfied" or tries to tell you how he feels and wants you to say whether that is a "very satisfied" or just a "satisfied". You MUST NOT help him arrive at an answer. If he is confused about the question itself, you can try reading the question to him as it is stated using intonation to try to make it clearer. Give him time to think about it. Allow the father to be confused, if necessary. Give him a chance to figure it out. If that truly doesn't work you can explain the meaning of a word to him if that is the problem, but he must decide on the answer. So if he says something like, "What would constitute a very satisfied" or "I feel this way, do you think that is very satisfied," reply that he must make that judgment; we are interested in what he thinks.

If words are defined for a subject, please be sure that is recorded in the Questionnaire Log (the word that was defined and how it was defined). However, please note that defining words is discouraged; defining words early in the protocol will encourage fathers to ask more and more questions. We want to encourage the fathers to use their best judgment. However, in cases in which you feel the father's response would be invalid because he does not understand the meaning of a word, you may define that word for him. Some suggested definitions are given in the Questionnaire Instructions and Definitions (see Appendix). Try to use those definitions.

If the father asks for clarification of a question or phrase which has not been defined in the Instructions and Definitions (see Appendix), the Visitor should not try to interpret the meaning of the question. Instead, the Visitor should say something like the following:

"*I see your problem with this question. Even though these questions are carefully tested, sometimes we have one that is not quite clear to some people or which doesn't quite fit everyone's situation. We need to get fathers' best answer to the question, as it is written. That way, we can compare your answers with other fathers'...Please read the question again and you give me the best, most accurate answer you can, given the way it was written.*" (Fowler and Mangione, 1990, paraphrased, p. 51-52.)

If the father asks for a definition of a particular word, the visitor may give one in certain cases even if it is not defined on the Instructions and Definitions Form. If the father simply does not know the meaning of a vocabulary word, you may offer him the definition. For example, if a father does not know what a "tantrum" is, you can tell him that it means a fit of bad temper (the dictionary definition). When you do define a word for the father, keep your definitions short. In our experience, the more explaining you do, the more likely you are to get in over your head. If you choose to define a term for a father, record the definition you used on the Questionnaire Log.

4. The father is filling out the questionnaire incorrectly, for example, by writing down the number of his response, instead of blackening the space. If you see that the father is filling out the questionnaire incorrectly, stop him and tell him again what we need him to do. If the father is marking too lightly, you may want to ask him to make his marks darker. These forms should be checked before going to the data center and responses darkened if necessary.

5. The father expresses negative feelings about the questionnaires, a particular questionnaire, or a particular question (e.g., says the questionnaires are redundant, silly, trivial, or don't apply to him). You should be accepting of the father's opinion, but DO NOT convey the impression that you think a questionnaire or a question is dumb, silly, or trivial. DO NOT be defensive and try to defend any specific measure or question. You may want to simply say something like, "*Some questions may not be as relevant for you as for other people. Because this is a national study, we will be seeing many different types of families. For some families, this may be a relevant question. Please answer the questions as best you can.*" If the father seems offended by any question, supportively remind the father that he can refuse to answer any question he wishes to.

6. The father wants to change the order of the questionnaires or do some and not others. You should tell the father that we need to do things the same way with each family that we see, so we need him to do the forms in the original order and we want him to do all the forms. However, remind him that if there is anything that he doesn't want to answer, he doesn't have to answer it. If he insists on doing things in a different order, allow him to complete the forms his way. Indicate on the protocol that the order was changed and how.

7. The father needs to leave and you haven't finished all the questionnaires or he's tired and wants to stop, but says he will fill out the other forms later and mail them in. You should encourage the father to finish, but don't push too hard; we don't want poor data. You may leave the remaining forms and a self-addressed stamped envelope (which you should always bring) with the father for him to mail back. Ask the father to complete the forms by himself in the order they are given to him. Stress to the father that you will need to receive the forms within a week or we will not be able to include him in the study. Call to remind him if you have not received them within four days. Pay the father for the visit only after the receipt of all materials unless it is not his fault that the visit had to be curtailed.

8. The father or other household members ask for more detail about the study or about what questions we are trying to answer. Try to rephrase the information in the consent form or timetable, or consult the information at the end of the Two-Week Telephone Interview. It is important that every family have a

similar understanding of the project, so using these descriptions is best. If people press for more information than you have, or if they ask for information which may prejudice the father about the purpose of the study, tell the person that you are not sure what the answer is at this time, and that you'd like to check with the Director of the Project and get back to him. Never say *"I don't think I'm supposed to tell you that,"* or *"I'm not sure if I can tell you that."* Families have the right to be fully informed. If you can't answer all of their questions, let them know that you will promptly get back to them with an answer and then follow through.

H. Debriefing

It is important at the end of the visit to "debrief" the father. Ask the father if there is anything that we didn't ask about that he thinks is relevant, or if he has any comments or questions about the questionnaires he'd like to share with us. This is necessary to give the father a sense that he is an important part of the research process and to give him the chance to express any adverse feelings he may have had about the visit. The Visitor needs to be sensitive to any negative affect in the father and needs to give the father a chance to share his feelings.

I. Paying the Father

Thank the father, and explain how important this study is, and how we value his time and help. Pay him, or make arrangements to pay him $20. If all of the information is not completed during the home visit and this is due to circumstances beyond the father's control, the father should be paid before you leave the home. If, on the other hand, the father cuts the visit short before completing all of the measures, then he should be paid when his complete information is received.

J. Preparing for the Next Contacts

Talk with the father about the next visit and phone call. *"Someone from our team will call your wife/partner when (BABY) is nine months old. We will want to find out how your family and (BABY) have been, whether anything has changed. Babies change so much in the first year, and things may be quite different when (BABY) is 9 months old. The call should take less than 15 minutes."*

"The next time I'll visit you in the home will be when (BABY) is 15 months old. At that time, I'll bring questionnaires similar to the ones you filled out today. I'll contact you a few weeks before (BABY) is 15 months old to talk with you about the details of that visit.

K. Exiting

Leave the father with a good feeling about your visit. As you leave, give the father positive feedback along the lines of *"You've really been helpful to us," "I've enjoyed meeting you,* *I'll look forward to visiting you again," "You really have a beautiful baby."*

IV. POST-VISIT CONCERNS

A. Reviewing the Interview Form

After the visit is completed, the Visitor should look over all the questionnaires to make sure that each item was completed. In most cases, the Visitor should actually be able to check this information while the father is completing the questionnaires. Before posting the data weekly to the Data Coordinating Center (DCC), have another visitor review your forms to be sure they are accurately completed. There are many opportunities for oversights and a second "eagle eye" may spot them.

B. Documentation

To document the visit, the Visitor will need to complete some forms after leaving the home.

1. Visitor's Interview Report Form. First, the Visitor will complete a Visitor's Interview Report Form. This form gives the Visitor a place to record in more detail any extenuating circumstances that may have affected the Sixth-Month Protocol, a place to describe the father's comments following the visit, and an opportunity to record any comments the visitor wants to make about the home visit. A copy of the first page (only) of the form is to be sent to the DCC along with the subject data.

Another copy of the form is filed in the father visit folder for that subject at the site.

2. Contact Log Book. Finally, we also recommend that each site keep informal notes on each visit. Here you could include information about whom the Visitor met during the visit, general comments about the proceedings, and some non-protocol information about the visit such as things the Visitor may have discussed with the father, the name of the family dog, etc. This information may be useful in maintaining rapport during future contacts. Be careful not to include information that may bias future Visitors; only information that may help them respond as sensitive, friendly visitors to the family.

Appendix

Six-Month HHS Father Visit

FORM 8B: ATTITUDE TOWARD MATERNAL EMPLOYMENT

You should use the following script when introducing this questionnaire: "*In this set of statements, you are asked to rate how you feel about what happens when mothers of young children work outside the home. Please read the instructions at the top of the form before you begin.*"

Below are several suggested definitions if the father has difficulty with the meaning of these words:

"secure" ... confident, safe, trusting
"independent" ... able to do for themselves
"psychological" ... mental
"productive" ... useful, good
"valuable" ... important

Form 8C & 8D: MY TIME SPENT AS A PARENT, PART 1 AND 2

You should use the following script when introducing this questionnaire: "*This set of statements is about how parents spend their time. Please tell us how much you and your partner are involved in the following activities. Please read the instructions at the top of the form before you begin.*"

Form 8E: COMBINING WORK AND FAMILY

You should us the following scipt when introducing this questionnaire: "*This group of statements expresses things people have said about what it is like to combine work and a family. Please read the instructions at the top of the form before you begin.*"

Below are several suggested definitions if the father has difficulty with these words:

"rewarding aspects"...good things

"prefer to"...rather

"resentful"...annoyed

"conflicting obligations"...things you need to do at the same time

"competent"...able to do

FORM 8F: SELF SCALE

You should use the following script when introducing this questionnaire: *"This group of statements expresses how you feel about yourself and other people. Please read the instructions at the top of the form before you begin."*

Below are several suggested definitions if the father has difficulty with these words:

"seldom apprehensive"...don't often worry

"disgusted"...dislike a great deal

"emotional attachments"...close ties

"ecstasy"...a great deal of joy or happiness

FORM 8G: LOVE AND RELATIONSHIPS (A)

You should use the following script when introducing this questionnaire: *"This set of statements is about your relationship with your spouse or partner. Please read the instructions carefully at the beginning of each of the forms."*

Below are several suggested definitions if the father has difficulty with the meaning of these words:

"neglected" ... overlooked
"unique" ... special

CHAPTER 12

Section 1

OPERATIONS MANUAL FOR TIME USE INTERVIEW

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CHAPTER 12

Section 1

OPERATIONS MANUAL FOR TIME USE INTERVIEW[1]

I. PURPOSE OF THE TIME USE INTERVIEW

The Time Use Interview is intended to provide information about the mother's typical daily activities, particularly times when she is with STUDY CHILD. It is adapted from a procedure used extensively at the University of Michigan Survey Research Center. It is a semi-structured interview in which you ask the person to go chronologically through one recent day's activities, probing when necessary to get sufficient information to code their responses.

II. PURPOSE OF THE MANUAL

This manual and the Coding Manual provide specific instructions on how to conduct and code a Time Use interview and will serve as the archival description of the procedures used in administering the interview. Additions will be made during training and data collection in order to address all issues which arise. Any questions, suggestions, concerns should be addressed to Aletha Huston and Yvonne Caldera at the Kansas site.

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[1] Adapted from: SURVEY RESEARCH CENTER INSTITUTE FOR SOCIAL RESEARCH

III. WHEN TO CONDUCT THE INTERVIEW

Two interviews are to be conducted during the month following the 6-month home visit. The overall goal is to sample a workday and a non-workday for employed mothers. We will sample one weekday (Monday-Thursday) and one Sunday.

One interview will cover a weekday (Monday, Tuesday, Wednesday, or Thursday). Do not use Friday as a weekday. Fridays are not typical weekdays for many people. Ordinarily, calls will be made on the day following the sample day. That is, you will be asking about "yesterday." It is permissible to ask about the day before yesterday if necessary, but do not interview a parent about a weekday that is more distant than the day before yesterday. A different day may be selected because Mother says yesterday was not a typical day. See Coding Manual for definitions of "atypical." You may ask about Thursday if you cannot reach her until Saturday, and you need weekday information. Note, however, that you need to be sure the substitute day is a work day if the day you originally wished to sample was a work day or that it is a non-work day if the day you originally wished to sample was a non-work day (see below).

The other interview will ask about a Sunday. Calls about Sundays should be conducted on Monday if possible, but can be conducted on Tuesday or Wednesday if necessary. The reason for the delay might be that Mother was not available to be interviewed on Monday. If the previous Sunday was not typical, you will need to call another week.

Timing of the calls. The first call should be made within 2 weeks after the home visit. The second call should be made within one month after the first call. It does not matter whether you make the Sunday or weekday call first. Allow at least one week between calls unless you are at the end of the one-month time window. If you are unable to reach the mother, or if you cannot complete the interview within this time frame, keep trying until you do complete it. These data are not highly sensitive to small changes in STUDY CHILD's age, and it is better to have late data than missing data.

In order to sample one work day and one non-work day, check the 6-month interview information about mother's work schedule. If she works on Sunday, assume that is a workday and choose a weekday that she does not work. If she does not work on Sunday, then choose a weekday that she does work. You can check her work schedule at the time of the first call. If she works 7 days a week, then you will obviously sample two work days. If she does not work for pay, then you will sample two nonwork days.

IV. FORMAT OF THE INTERVIEW

Interviewers should become very familiar with all questions, codes for activities, recording and coding sheets, and suggested prompts for the interview. It is important that every interviewer be completely at ease with the instrument while conducting the interview so that information is recorded smoothly and so that you know when to ask for more information.

The Time Use Interview is a chronological account of what the respondent did during the 24-hour period beginning at one minute after midnight on one day. The primary purpose is to get a record of what happens when mother and STUDY CHILD are together; a secondary purpose is to get information about allocation of mother's time when she is not with STUDY CHILD; the third purpose is to find out what STUDY CHILD was doing whenever s/he is present but not interacting with Mother. Therefore, when mother is with STUDY CHILD, you ask more questions and code in more detail than when she is not.

For the entire 24-hour period, your task is to identify:

(1) the Primary Activity in which the Mother was engaged,

(2) The times that activity began and ended,

(3) Where she was,

(4) Whether or not STUDY CHILD was present, awake, or in the same house as mother.

If STUDY CHILD is present and awake, find out

(5) Who else was there,

(6) Which child(ren) were receiving any child care from mother,

(7) Any secondary activity in which she was engaged at the same time,

(8) What STUDY CHILD was doing (if Mother's activities do not include STUDY CHILD).

Mothers will receive a brief description of the Time Use procedure at the end of the 6-month home visit, so they may be slightly prepared for it. However, you will need to give a complete explanation, following the script for the Interview. You should follow the introductory script as it is written, answering any questions the Mother has. The form of the interview is semi-structured. The script contains a series of questions and probes to be used as needed. After the interview has been underway for a while, the Mother may anticipate the questions. If she has already given you the answer, don't ask the question. For example, if she says what time an activity started, don't ask that. If it is obvious that STUDY CHILD is the target of her child care activity, don't ask that.

Some mothers may go over their day very rapidly making it difficult for you to record responses. Let mother know you need time to write things down. You can say something like, "Just a moment while I get that down." Feel free to repeat what she has said when needed for confirmation. e.g. "Just let me be sure I have this right. At 5:15, you picked up STUDY CHILD and your older child at the sitter's, then you went to the store from about 5:30 to 5:40, then you drove home, getting there around 6:00. Is that correct?"

At the end of the interview, take a few minutes to go over any unclear parts of your notes with the mother.

V. MULTIPLE CALLS AND CALL BACKS

1. If you cannot reach mother at the originally scheduled calling time (no answer; busy), keep calling at different times of day (morning, afternoon, evening before 9:00). Try to call at least once a day. If you are sampling a weekday, you can call on any day from Tuesday through Saturday. For example, if you originally intended to sample a Monday by calling on Tuesday, but you did not reach mother, call again on Wednesday. If you reach her then, ask her about Tuesday. If you don't reach her until Friday or Saturday, ask her about Thursday.

If you are sampling a Sunday, make your initial calls on Monday. Keep trying at least once at different times of day on Tuesday and Wednesday. If you fail to reach her then, try again the following Monday, and so on.

2. If Mother answers, but says she cannot talk now, ask if there is a better time today to call back. If she says yes, and you can schedule the call then, do so. Otherwise, tell her you or someone else will call her back within the next week. You may ask what time of day or what days of the week are most likely to be convenient, but do not make an appointment for a call on a specific day. We do not want mothers to "prepare" for this interview by keeping notes. In addition, you may have difficulty reaching her on the scheduled day, and your failure to keep the appointment could irritate her.

3. If someone else answers the phone and says mother is not home or cannot talk now, follow the same procedure as in 2.

4. If mother answers and says she does not want to complete the interview at all, thank her politely. Then notify your Project Coordinator that a problem exists. The Project Coordinator should then call the mother to find out what the problem is and try to re-establish rapport with her.

5. If the phone is disconnected, or if you receive no answer for seven days or more:

(a) Call Information to see if there is a new listing. If the phone has become an unlisted number, they will tell you that even though they won't give you the number. Do not destroy your record of the old number because phones are sometimes reconnected once bills are paid. If the number has become unlisted, send a "We Miss You" letter with a stamped self-addressed postcard to the most recent address you have. The postcard will have a space for the mother to fill in new address and phone number.

(b) Call the "Contact" numbers. Ask if they can give you an address or new phone number for the mother. If not, can they take a message for her?

(c) If you do not get a new number from the above procedures, send a "We Miss You" letter with a stamped self-addressed postcard to the most recent address you have.

VI. SCRIPT FOR TIME USE INTERVIEW

[The directions to the interviewer that are not intended to be read to the mother are in CAPITAL LETTERS. The questions and comments to be read to the mothers are printed in upper and lower case italics type.]

INTERVIEW SCRIPT: FIRST CALL

"*Hello Mrs./Ms. ______________. I'm ________________ from the NICHD Study of Early Child Care at SITE NAME. How are you and STUDY CHILD doing?*" (include husband if he is participating in the study).

IF ALL IS WELL: "*That's great!*" GO TO INTV1

OR

IF ALL IS NOT WELL: "*Oh, that's too bad. I hope things get better for you soon.*"

INTV1: "*I'm calling today to get some information on what a typical day is like for you and STUDY CHILD. I expect that the research assistant told you a little about this when she/he visited you recently. Is this a convenient time for you to talk? It will take no more than 20 minutes, maybe less.*"

IF NO: "*Is there a more convenient time today that I can call you?*"

IF YES: RECORD CALL BACK TIME ON CALL RECORD SHEET.

OR

IF NO: "*What times are generally good to reach you?*"

RECORD ON CALL BACK SHEET, BUT DO NOT MAKE A SPECIFIC APPOINTMENT.

"Thank you very much. I or someone else from the project will call you back within a few days."

CONTINUATION OF INTERVIEW

"One way of understanding how parenting fits into your life is to get a sample of how a typical day goes for you. In this interview, I'd like you to describe what you did on DAY BEING SAMPLED. Was there anything unusual about that day that would make it really different from most of your days?"

IF NO: CONTINUE at INTV2.

IF YES: PROBE TO DETERMINE IF IT IS REALLY UNUSUAL. IF YOU DECIDE IT WAS, AND YOU ARE INTERVIEWING ABOUT A TUESDAY, WEDNESDAY OR THURSDAY:

"What about PRECEDING DAY? Was it more typical?"

IF YES: PROCEED WITH INTERVIEW ABOUT THAT DAY.

IF PRECEDING DAY NOT APPROPRIATE FOR INTERVIEW: *"It would probably be better for me to call you another time, then. What are the best times to reach you?"*

IF MOTHER SAYS DAY WAS NOT TYPICAL, BUT IT IS "TYPICAL" BY THE CRITERIA IN THE CODING MANUAL: *"I can see that (day) wasn't completely typical, but it is probably close enough for our purposes. Let's go ahead and talk about (day)."*

INTV2: *"We've found that the best way for you to tell me about your day is to start at midnight and describe what you did hour by hour. We are interested mainly in times that you are at home or with STUDY CHILD, so there is no need for much detail about other times. I'll ask you - what you were doing, - where you were, - and whether STUDY CHILD was with you. For the times STUDY CHILD was there, I'll ask - who else was there with you, - whether you were doing more than one thing at the same time, and at times, - what STUDY CHILD was doing."*

"When I ask whether STUDY CHILD was with you, I mean in the same room or where you can see (him/her) when you are indoors or within shouting distance when you are outdoors.

Does that give you an idea of how this works and about how much detail we need?"

ANSWER ANY QUESTIONS SHE HAS.

PROCEED WITH INTERVIEW FOR FIRST CALLS TO INTV5.

FOR SECOND CALLS CONTINUE BELOW

INTERVIEW SCRIPT: SECOND CALL

"Hello Mrs./Ms.________________________.

I'm________________ from the NICHD Study of EArly Child Care at

___________________________. How are you and Study Child doing?:

(include husband if he is participating in the study).

IF ALL IS WELL: "That's great!" Go to INTV3

or

IF ALL IS NOT WELL: "Oh, that's too bad. I hope things get better for you soon."

INTV3: "I'm calling today to ask you about what you and STUDY CHILD did yesterday. Today we need to find out how a typical (weekday/weekend day) is like for you. I aill be asking you the same questions we asked last ________________. Is this a convenient time for you to talk? It will take about 20 minutes, maybe less."

IF NO: "Is there a more convenient time today that I can call you?"

IF YES: RECORD CALL BACK TIME ON CALL RECORD SHEET.

OR

IF NO: "What other time would be good for us to reach you?" RECORD ON CALL BACK SHEET, BUT DO NOT MAKE A SPECIFIC APPOINTMENT.

"Thank you very much, I or someone else from the project will call you back within a few days."

IF YES

INT4: As you may remember from last call, I would like for you to start by telling me what you did SAMPLY DAY at midnight and continue on until the end of the day. Do you recall how we did that or would you like me to remind you?"

IF SHE RECALLS: Proceed with interview to INTV5.

IF SHE DOES NOT RECALL: Go to INTV2 and proceed with rest of interview.

INTERVIEW SCRIPT FOR FIRST AND SECOND CALLS;

INT5: Now, please take a moment to begin recalling what you did yesterday. It may seem difficult at first, but you'll find that you think of things as you go along. If it becomes inconvenient for you to continue, just let me know and I'll arrange to call you back.

Are you ready? OK., let's begin right after midnight on SAMPLE DAY. What were you doing then?" (IF RESPONSE IS NOT SUFFICIENTLY SPECIFIC TO CODE, ASK ONE OR MORE OF THE STANDARD PROBES)

"About what time did you stop ACTIVITY JUST DESCRIBED?"
IF RESPONDENT IS NOT SURE: "About how long did you ACTIVITY? Then it was about CLOCK TIME when you stopped?"
"Where were you?" (ASK ONLY IF NOT OBVIOUS)
"Was STUDY CHILD with you?"

IF STUDY CHILD NOT WITH MOTHER: *"Where was STUDY CHILD?"*
"What did you do next?"
IF STUDY CHILD WITH MOTHER: *"Was STUDY CHILD awake?"*
IF STUDY CHILD ASLEEP: *"What did you do next?"*
IF STUDY CHILD AWAKE AND WITH MOTHER (ASK ONLY IF MOTHER IS NOT SLEEPING OR DOING PERSONAL HYGIENE):

"Was anyone else with you besides STUDY CHILD?"

"Were you doing anything else at the same time like talking, reading, watching TV, listening to the radio, or eating?" REPEAT OPTIONS EVERY SO OFTEN THROUGHOUT THE INTERVIEW

IF PRIMARY OR SECONDARY ACTIVITY IS ANY TYPE OF CHILD-RELATED ACTIVITY AND MORE THAN ONE CHILD IS PRESENT:

"With which (child/children) were you doing CHILD CARE ACTIVITY?"

IF MOTHER'S ACTIVITIES DO NOT INCLUDE STUDY CHILD:

"What was STUDY CHILD doing?" (IF NOT CLEAR: *"Who was STUDY CHILD doing this with?"*)

CONFIRM REPORT:

"So, you did PRIMARY ACTIVITY until TIME?" (CORRECT IF NEEDED) *"Then what did you do?"* PROCEED AS ABOVE UNTIL YOU REACH MIDNIGHT.

END OF INTERVIEW

"Thank you very much. That was what we needed. Do you have any questions about this interview or anything else about the project?" IF SO, ANSWER ACCORDING TO STUDY GUIDELINES *"Well, we really appreciate all your time. This information is very useful for understanding parents and children. We will call you again (in about a week/when STUDY CHILD is _________ old)."*

VII. INTERVIEWING TECHNIQUES AND RULES

Details of coding procedures appear in the Coding Manual. What follows is an overview of interviewing procedures.

A. Primary Activity

You must be familiar with codes for the primary activities, so you can elicit answers that can be coded.

Make one of the following remarks the first three times a response of appropriate detail is given:

"Thanks, that's useful information."
"I see--we need to learn about this."
"Thanks for sharing that information with me."
"Thanks, that kind of information is important to us."
"Let me get that down."
"This is helpful information."

If responses are vague and general, or if respondent says she was doing one thing for more than 5 hours (other than working or sleeping), probe for more detail. The basic rule of these probes is to get enough information to code the activity correctly. Ask questions of the following type:

"Would you tell me a little more about that?"

"Were you doing that the whole time, or did you do some other things during part of that time?"

Example: Mother says she took care of STUDY CHILD from 9:00 to 12:00 noon. Ask questions that would differentiate among the coding categories for child care.

"What things did you do with STUDY CHILD during that time?"

"Did you do things like feeding, bathing, and changing STUDY CHILD?"

"Did you take STUDY CHILD out anywhere? Did you have any time to just hold or play with STUDY CHILD?"

If responses are too detailed, say things of the following type:

"Thanks, that's helpful, but you don't have to be quite that specific. It's enough to know that you were APPROPRIATE CODING CATEGORY."

"So, all that time you were CODING CATEGORY."

"That's very helpful. When STUDY CHILD isn't there, you can give me less detail. For instance, it's enough to say you were at work."

"We try to keep this interview as short as possible, so you don't need to give me quite that much detail."

Example: Mother says she got up at 7:15, brushed her teeth until 7:20, took a shower until 7:30, blew her hair dry until 7:40, and got dressed until 7:45.

Interviewer: "Thanks, that's helpful, but it's enough just to tell me you were getting showered and dressed from 7:15 to 7:45."

B. Clock Times

The time an activity ends must be the starting time for the next activity. Most people will give information in time chunks, but some mothers may be very specific and tell you they did something for 33 minutes. Round off times to the nearest 5-minute interval (3 or more minutes rounds to next highest 5-minute interval; less than 3 rounds to the next lower 5-minute interval). You must account for every minute of the 24 hr. period. If a parent gives you information that is not sequential, probe by saying something like: "You were feeding STUDY CHILD from 8:00 to 8:20, and you began washing dishes at 8:40. What did you do between feeding STUDY CHILD and the dishes?" Detailed rules for calculating times for shared activities, instances when Mother is uncertain, and inconsistent reports are given in the Coding Manual.

C. Where She Was

Mother's location will usually be obvious from her description. Ask only when the response cannot be coded.

D. Was STUDY CHILD Present?

This will often be obvious. Ask only if it is not. If STUDY CHILD is present you need to find out if SC was awake in order to continue asking questions about that activity. SC is coded as "Present" when in the same room or where Mother can see (him/her) indoors, in the same vehicle, or within shouting distance outdoors.

If SC is not present, then you ask if the child is in the same house, if Mother is in her home or another home. If SC is coded present and asleep, or if mother is not at home, you do not need to ask any more questions about that activity or time period.

REMEMBER, YOU ONLY WILL HAVE TO CODE 2 OF THE STUDY CHILD CODES. IF STUDY CHILD IS PRESENT YOU ASK IF AWAKE; IF STUDY CHILD NOT PRESENT YOU ASK IF IN SAME HOUSE. YOU WILL NEVER CODE ALL THREE Y/N AT THE SAME TIME.

ASK E-H ONLY WHEN STUDY CHILD PRESENT AND AWAKE:

E. Who Else was There?

You never ask this question when the primary activity is sleep or personal hygiene (e.g., bathing, dressing, going to the bathroom), even if STUDY CHILD is present. We really don't want to ask mothers about the people they sleep with or shower with.

F. Child Care Target

If the Primary Activity is child-related (11-18), we want to know whether that care is directed toward STUDY CHILD or other children. Ask to clarify if it is not obvious from earlier responses. Mark codes for all children who are receiving the child care. For example, if mother is feeding STUDY CHILD and sibling mark both STUDY CHILD and sibling in Column E2. If mother is feeding sibling, and STUDY CHILD is merely present in the room, mark only sibling in Column E2. See Coding Manual for instances when both primary and secondary activities are child-related.

G. Secondary Activity

A secondary activity is something a person is doing at the same time as the primary activity. Often, these are the activities listed in the question (e.g. watching TV, reading). Ask about secondary activity only when STUDY CHILD is present and awake. Remember, we are interested in what was going on while mother and STUDY CHILD were together, whether interacting or not. For example, mother may report she was fixing dinner (Primary Activity = 30) and listening to the news (Secondary Activity = 90) while father fed baby in the kitchen (this latter incident would be coded under H).

Make sure that the primary and secondary activities reported can realistically be done at the same time. If they cannot, probe further using guidelines in coding manual.

H. STUDY CHILD Activity

When STUDY CHILD is present and awake, and neither Mother's primary nor secondary activities (or mother reports no secondary activity) involve the child (11-18), then you need to ask what SC was doing. For this category, we are primarily interested in whether the child was engaged in solitary activity, or interacting with a sibling, another child, father, or another adult.

VIII. PROBLEM SOLVING

Below is a list of problems which may arise while you are conducting the time use interview. These are situations that have arisen in our piloting, please submit any other situations we may not have encountered.

Reporting activities out of order. Mother may tell you she went to the store at 9:00, then went home about 10:00 and watched TV until noon. Later in the interview, she recalls that she visited her mother from 9:30 to 10:00. Probe to be sure you have correct times. Write down the information in the order you get it. When you record it on the mark sense forms, put activities in correct chronological order.

When mother reports an activity done by someone other than herself, try to ascertain what she was doing. Stress that it is important for us to know what her activities were at that time and throughout the interview.

Mother may be frequently interrupted or have to terminate the call before you are through. If she says she cannot continue to talk or she seems to be getting flustered (e.g. the baby is screaming in the background; someone is at the door), ask if she would like you to hold on while she deals with whatever it is, or whether she would rather have you call back. If she wants you to call back, try to arrange a time on the same day so you can complete the interview for the sample day you started. If you cannot complete it the same day, you may complete it for the sample day you started within the required time frame (no more than 2 days after the sample day for a weekday; no more than 3 days after a Sunday). If not, you will need to do another interview for a new sample day at a later time. Use the procedures described earlier for occasions when mother is too busy to talk now.

IX. RECORDING

The interview is recorded in two stages. When you conduct the interview, you will record the information on the Recording Form. Write responses verbatim in long hand or any form that you can decipher. If you remember the code number for an activity, person, or place, you may record the code.

Fill out all items on the Face Sheet:

ID# of family.
The day of the week that is being sampled
The date of the interview.
Interviewer ID#

X. CODING FORM

After you have completed the interview you will code responses on a mark sense coding sheet. Blacken the entire space to indicate the mother's response.

CHAPTER 12

Section 2

TIME USE CODING MANUAL

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CHAPTER 12

Section 2

TIME USE CODING MANUAL[1]

I. DEFINING A TYPICAL DAY

The goal of this interview is to sample a typical day, but we do not want to exclude days as atypical unless a large amount of time was devoted to activities which occur infrequently. Examples might be: child was sick enough to alter usual activities; mother spent most of the day taking a friend to the hospital; family had a crisis like an automobile accident; mother was ill and did not follow usual routine; major holidays; major family events (wedding, funeral). Do not exclude a day on which she worked overtime, or the family spent time in LEISURE OR SOCIAL ACTIVITIES such as going shopping all day, taking a drive in the country, a family outing, or attending a wedding.

II. WHAT TO CODE

Because we are interested primarily in mother's activities with STUDY CHILD, the mother's activities are coded at different levels of detail depending on whether or not STUDY CHILD is present and awake. If the STUDY CHILD is in the same room or in a vehicle with the Mother, code STUDY CHILD present. If they are outdoors, code STUDY CHILD present if child is within shouting distance of mother (see section on People codes for more detail).

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[1] Adapted from: SURVEY RESEARCH CENTER INSTITUTE FOR SOCIAL RESEARCH

If mother's primary activity falls under Personal Care, ask if STUDY CHILD was present, but do not question further.

If STUDY CHILD is not present, you code only mother's Primary Activity, Times began and ended, and where mother was, if mother is at home or in someone else's home you code whether the SC was in the Same House, then continue to the mother's next activity. Do not code who else was present, targets of child care, ~~or~~ secondary activities, or what the Study Child was doing.

If STUDY CHILD is present and not Awake, you code only Mother's Primary Activity, Times began and ended, and Where mother was then continue to next activity. Again do not code who else was present, targets of child care, secondary activities, or what the Study Child was doing.

The codes for Primary Activity are less detailed than those used when STUDY CHILD is present and awake.

If STUDY CHILD is present and awake, code primary activity, times began and ended, where the mother was, who else was present, and secondary activity if one is given. If primary or secondary activity is child-related (codes 11-18), code which child(ren) were targets of child care. If neither primary nor secondary activities of Mother involve the STUDY CHILD, ask what STUDY CHILD was doing.

III. PRIMARY ACTIVITY

A primary activity is usually the first thing the respondent names when asked what she was doing. The activities are coded using the activity codes defined below. If respondent was doing something else at the same time, that is coded as a secondary activity. What is primary and secondary is defined by the respondent. However, if an activity is reported as secondary but could not possibly be done while doing the primary activity, e.g.: "took a shower and fed the baby," consider it another primary activity and probe for when one activity ended and the other began.

Multiple primaries, same code: If respondent names more than one primary activity and they all fall into the same code category (e.g., making beds, vacuuming, and dusting) do not divide the segment of time, but code as one primary activity (30), unless the secondary activity, child's state, or Who Else is present changes. For example, if mother says she was doing household chores with STUDY CHILD in the room for one hour, but half the time she also watched TV and half the time she played with STUDY CHILD, code household chores twice:

Example:

Household chores 9:00-10:00
Watched TV and played with baby

Coded:

Household chores (30)	9:00-9:30	Watched TV (90)
Household chores (30)	9:30-10:00	Played with STUDY CHILD (12)

Multiple primaries, separate codes: If two or more primary activities with different codes are listed for a segment of time, ask respondent when one ended and the other began. If respondent does not know, divide the time evenly among the activities listed.

Example A:

What did you do?

Prepared and ate dinner	6:00-7:00

Coded:

Prepared dinner (30)	6:00-6:30
Ate dinner (51)	6:30-7:00

Example B:

Made beds, vacuumed, ate lunch	11:00-12:30

Coded:

Made beds, vacuumed (30)	11:00-12:00
Ate lunch (51)	12:00-12:30

Example C:

Made beds, ate lunch, vacuumed	11:00-12:30

Coded:

Made beds (30)	11:00-11:30
Ate lunch (51)	11:30-12:00
Vacuumed (30)	12:00-12:30

Use common sense in dividing time. If in following any of these instructions, a clearly nonsensical record would be produced, code it to make it realistic.

Example:

Changed and played with STUDY CHILD 2:00-3:00

Splitting the time in half would allocate 30 minutes to changing and 30 to playing. Get respondent's estimate of how long it took for each. If she isn't sure, ask how long it usually takes to change STUDY CHILD. Assign that time.

If an activity normally takes 5 minute or less to do, do not allocate a time period of its own.

Example:

Washed hands and made dinner	6:00-6:45

Coded:

Household tasks (30)	6:00-6:45

Each primary and secondary activity will be assigned one of the following activity codes. If the code is obvious, you may assign it during the interview. If the code is not immediately obvious, write down the respondent's description and code after you complete the interview.

IV. ACTIVITY CODES - DEFINITIONS

A. Overview of Coding Categories

Codes used when STUDY CHILD not present or asleep:

10. Child-related Activity and Child Care
20. Paid work
30. Household Activities
40. Travel
50. Personal needs and care for other adults
60. Education and professional training
70. Organizational activities
80. Social activities, entertainment, and active leisure
90. Quiet leisure

Codes used when STUDY CHILD is present and awake:

Child-related Activity and Child Care

11. Instrumental care.
12. Interacting with child 0-3 years old
13. Supervision, discipline, control.
14. Helping, teaching
15. Interaction with child 3+ years old.

16. Organized outings.

17. Outdoor play and activity

18. Other child care

Travel

41. Mother driving a car

42. Mother not driving

Personal needs and care for other adults

51. Meals, eating

52. Personal care to self

53. Care for other adults

60. Education and professional training

70. Organizational activities

80. Social activities, entertainment, and active leisure

90. Quiet leisure

B. Instructions for Coding Activities

10. CHILD-RELATED ACTIVITY AND CHILD CARE

Children are defined as ages 0-17.

Because the major purpose of this measure is to measure mother's activities during time with STUDY CHILD, this variable (child-related activity) is coded at two levels of detail.

IF STUDY CHILD NOT PRESENT OR IS PRESENT BUT ASLEEP:

If STUDY CHILD is not present or is present but asleep, code as 10 any child-related activities and child care listed under the following subdivisions. By definition, these activities will involve children other than STUDY CHILD. You do not need to code an entry in Column E2 when STUDY CHILD is not present.

Do not code secondary activities when STUDY CHILD not present or is asleep.

IF STUDY CHILD IS PRESENT AND AWAKE:

When STUDY CHILD is present and awake, use the refined codes (11-18) to describe interactions with STUDY CHILD and interactions with any other children who are present at the same time. Mother's interactions with other children while STUDY CHILD is there are an important component of her activities with STUDY CHILD.

a. Primary and secondary classification: Code activities in categories 11-18 as primary and secondary just as you would any other activity.

b. Target of child care. When you code an activity as 11-18, you indicate the child(ren) with whom these activities took place in column E2 if the activity is primary and in Column F2 if the activity is secondary. In the appropriate column mark as many of the following as are appropriate: 0=STUDY CHILD; 1=sibling or step-sibling of study child; 2=other child.

CODES:

11 Instrumental care including feeding, bathing, dressing, changing diapers for child, putting to bed, getting up from bed, rocking baby, "walking" baby when it is fussy, medical care at home or outside home. Activities fall under this category even if Mother interacts with baby while doing them. Instrumental activities are those which are performed to fulfill baby's needs. Do not include feeding older children (3+) if that involves only preparing and serving food to them.

12 Interacting with child aged 0 through 2 indoors; playing with child; talking to baby; holding baby and paying attention to it. The activities that fall under this category are those that are performed with the primary purpose of playing or spending time with baby when baby's needs have been met.

13 Supervision, discipline and control. "Watching" child without interacting much for purposes of supervision (e.g. checking every few minutes to be sure child has not climbed out of crib, watching baby play with others); giving child orders or instructions (e.g. "Go brush your teeth"); asking child to help; telling child to behave; disciplining child; yelling at child, spanking, correcting child's behavior.

14 Helping/teaching children. Reading to child; attempting to teach child a skill; teaching children to fix and make things; helping with homework; helping child with self-care activities like tooth-brushing, putting on clothes. This is differentiated from 13 on basis of purpose. If parent gives child instructions as part of a teaching activity, code it 14. If instructions are given primarily to control or influence child's behavior, code as 13. It is differentiated from 11 because mother's activity is helping child, not doing something for the child. If mother and child are watching an educational TV show such as Sesame Street, and mother says she was teaching the child letters along with the show, code 14 as the Secondary Activity.

15 Conversation and interaction with children 3+ years of age; listening to children; playing indoor games and activities. If the STUDY CHILD is present, and mother reports she was talking to both the STUDY CHILD and her 5 year-old daughter, code the event as 12 with 0 & 1 for receiving this Child Care.

16 Taking child(ren) on outing to organized event or setting away from home, e.g., zoo, movie, library, or other place away from home. Include leading groups of kids on an outing (scouts etc.). Going out to a park or to play in the yard is coded under 17.

17 Playing with child outdoors. Play with child(ren) outside the house; going to the park; going for a walk for recreation with child; coaching outdoor play, including organized sports and games.

18 Other child care. Taking child to doctor or health professional; making arrangements for child care, other children's visits to child; getting child's hair cut or other personal grooming activities for child; loading and unloading kids from car.

Use 18 for any child care activity that does not fit in 11-17. Categories 11-17 have priority over 18. That is, if an activity fits in 11-17, but might also fit in 18, code it in 11-17.

20. WORK AND OTHER INCOME PRODUCING ACTIVITIES

Working at a job for pay including work brought home, overtime, work done at home when home is main work place. If mother does child care for pay in a setting outside her own home in which STUDY CHILD is not present, code as 20. If she does paid child care or foster care in her home or if STUDY CHILD is present during paid child care away from home (e.g. she works in a child care setting in which STUDY CHILD is enrolled), code as child-related activity (10-18).

Other activities that generate income. e.g. having a garage sale, showing rental property

Travel which is part of the job, including travel to and from the workplace and home if STUDY CHILD not with the mother. If STUDY CHILD travels with mother, code the time the child is with mother according to rules for Travel (40-42). e.g. If mother drives child to sitter on her way to work, count the time spent driving the child to the sitter as Travel--driving (41).

Job search; looking for work, including visits to employment agencies, phone calls to prospective employers, answering want ads

650

Applying for or collecting unemployment compensation or benefits

Applying for or collecting welfare or foodstamps

30. HOUSEHOLD ACTIVITIES AND ERRANDS

Meal preparation; serving food, setting table, putting groceries away.

Fixing bottle for baby (e.g. mixing formula, heating milk).

Meal cleanup; doing dishes; loading and unloading dishwasher.

Laundry and clothes care--wash, iron, folding, mending, putting away clothes.

Indoor cleaning and chores, picking up, dusting, making beds, washing windows, vacuuming, "cleaning," "housework,"

Repairs and maintenance indoors; plumbing, painting

Packing/unpacking, moving things, looking/searching for things, loading or unloading groceries and other items from car.

Gardening; weeding, composting, picking.

Routine outdoor cleaning and chores; yard work, garbage removal, snow shoveling, putting on storm windows, cleaning garage, cutting wood.

Home improvements

Pet care, but do not include playing with pets; walking the dog for recreation. The latter should be coded under Active Leisure (80).

Car care and maintenance; necessary repairs and routine care to cars; tune- up, oil change, change tires, washed cars; "worked on car" except when clearly as a hobby -- code (80)

Household paperwork; paying bills, balancing the checkbook, making lists, working on the budget

Phone calls to obtain goods or services, and time spent waiting for these goods and services.

Shopping for food, household goods; shopping for house, apartment; activities connected to buying, selling, renting, looking for house or apartment, including phone calls, showing house, including traveling around looking at real estate property (for own use). Some shopping may be primarily recreational. If Mother says she went shopping, ask if it was mainly because she needed things or more just for fun. If the latter, it should be coded under Active Leisure (80).

Household errands including delivering and picking up items used in household. e.g. returning books to library, taking dry cleaning, delivering things to a friend,

Waiting during errands. e.g. sat in car waiting for rain to stop before shopping, waiting for others while they're shopping

Financial services: taking care of financial business; going to the bank, paying utility bills (not by mail), going to accountant, tax office, loan agency, insurance office.

Other government services: post office, driver's license, sporting licenses, police station

Auto services: repair and other auto services including waiting on such services

Taking and picking up items for repair--appliances, furniture, household objects.

Other professional services that are primarily for household: e.g., lawyer. If mother sees professional for her own personal needs (e.g. a medical care professional, a therapist), code as Personal Needs and Care (50).

If STUDY CHILD not present, include travel between places where errands are being done, e.g. travel from home to grocery store, to dry cleaners, to home again.

If STUDY CHILD is present, see rules under Travel for coding travel between errands.

40. TRAVEL

Travel includes any time when mother is in transit from one place to another and which is not coded in some other category.

IF STUDY CHILD NOT PRESENT:

If STUDY CHILD not present, code mother's travel as part of other activities if the travel is part of any of the following: Codes 10, 20, 30, 50, 60, 70, 80, 90. Do not code it separately as travel. If travel is part of more than one of these activities, divide it equally between them.

e.g. She says she went to her physician, leaving home at 4:15 and getting to the physician's office at 4:45, then was in the office for 45 minutes, then left the physician's office at 5:30 and went to meet a friend for a drink from 6:00 to 6:35, then went home, arriving at 7:00.

Personal care (50)	4:15 - 5:45
Social activity (80)	5:45 - 7:00

If travel is not clearly part of any of these activities, then code as 40. As you do not code secondary activity when STUDY CHILD not present, 40 will be coded only when travel is primary.

IF STUDY CHILD PRESENT:
When STUDY CHILD is present, differentiate between travel in which the mother is driving a car and any other type of travel. The reason is that driving requires a certain amount of concentration (we hope), so mother is unlikely to be able to give child her undivided attention. If she is riding in a car driven by someone else or in another kind of vehicle, it is possible for her to attend to or interact with the child.

41. Travel in which mother is driving a car. This category must be a primary activity. It cannot be coded as secondary.

42. Travel in which mother is not driving a car (riding in a car, train, bus, walking, etc.). This category can be either primary or secondary. e.g., Mother says she was giving the baby a bottle while riding on the bus. Code child-related activity (11) as primary and travel (42) as secondary.

When STUDY CHILD is present, travel is coded separately from other activities if it takes 5 minutes or more.

a. Travel during child care or child-related activities. If travel during a child-related activity takes 5 minutes or more, code it as 41 or 42. e.g. taking child to the doctor, to another child's house to play. Do not code separately if it takes less than 5 minutes.

b. Travel while working. If STUDY CHILD present during more than 5 minutes of travel to and from work, count that portion as 41 or 42, whichever is appropriate.

c. Travel during errands or any other activity. If travel occurs in connection with household errands (30), personal care (50), or codes 60-90, code separately as travel if it lasts more than 5 minutes. If a trip includes activities along the way, probe to find out about how long the travel time was and how long the intervening activities took. e.g., If mother was doing household errands and doesn't know how long they took, allot 5 minutes for each errand stop and code as 30. If travel between errands or other activities is less than 5 minutes, don't code it separately.

Example:

Took husband to work (53)	8:00 - 8:10
Took suits to cleaners (30)	8:10 - 8:15
Took STUDY CHILD to baby sitter (41)	8:15 - 8:30.

Travel Implied, but Not Reported: If travel is not reported, but is implied by a change of place, ask how long it took to get there. If mother does not know:

For blocks of 90 minutes or less: Allow 1/2 of the total time spent for travel. Split the travel time in half and show half (1/4 of total activity time) to get to the activity and half (1/4 of total activity time) to get home.

Example:

Went to the library	8:00-9:00

Coded:

Travel to library	8:00-8:15
At the library	8:15-8:45
Travel to home	8:45-9:00

For blocks of more than 90 minutes: Assume total travel time was 45 minutes of the activity and code 25 minutes travel there and 20 minutes travel back (unless you have reason to believe otherwise).

Example:

Went to brother's house	7:00-9:30

Coded:

Travel to brother's	7:00-7:25
Visit with brother	7:25-9:10
Travel to home	9:10-9:30

If mother went next door, or down the street or somewhere else close by which took less than 5 minutes, do not code as travel.

taking child for a leisure drive Do not code as travel. Code Active leisure (80). This does not include a drive with a destination in which case you would code as Travel (41 or 42).

50. PERSONAL NEEDS AND CARE

IF STUDY CHILD NOT PRESENT: Code all activities listed below as 50.

IF STUDY CHILD PRESENT: Use the following codes (51-53):

51. Eating meals and snacks

Eating meals at home: including coffee, drinking, smoking, food from a restaurant eaten at home, snacks, Eating meals and snacks away from home; at a friend's home (including coffee, drinking, smoking), meals in a restaurant or at work

Waiting for meals

52. Care for self

Includes washing, showering, bathing, dressing, getting ready, packing and unpacking clothes, personal hygiene, going to the bathroom

Medical care for self at home or away from home. Includes visits to health professionals, massages, any form of treatment.

Sleep: nighttime, naps and resting, "dozing", "lying down"

Visits away from home for personal care or grooming (e.g. hairdresser, have nails done)

Sex, making out

Personal, private: "none of your business"

Affection with adult household members: giving and getting hugs, kisses, sitting on laps

Waiting for other members of household

Emotional expression: e.g. laughing, crying, moaning, being in pain

Watching other adults' personal care activities (but watching a child's personal care activities is coded under child supervision (14).

53. Help and care to other adults (18 or over)
Medical care to adults: includes administering medical care, massages; taking adult to doctor or for medical help;

Non-medical care to adults: e.g. "got wife up," "ran a bath for my husband," "fed my senile grandmother," packed a suitcase for husband.

Adults include those 18 and over in household, relatives, and others who do not live with respondent.

Help to adults: e.g. helping move, bringing food, assisting in emergencies, doing housework for relatives;

visiting when sick; travel to help someone; waiting during that travel (e.g. waiting for friend at welfare office). Do not code if this help occurs as part of activities in a formal organization, e.g. church organization bringing food to someone in need. Those are coded under 70.

60. EDUCATION AND PROFESSIONAL TRAINING

Being a student in academic, professional or vocational setting: attending classes, attending school, courses, lectures, doing practicum or apprenticeship, being tutored. This does not include courses that are primarily lessons in leisure-time activities (e.g. sports, arts and crafts). These are coded under Active Leisure (80). Do not include religious education. It is coded under 70.

Doing homework, studying, research (unless it's a paid professional activity), reading related to classes or profession (except as required for current job); time in the library for study or research.

Watching an educational or instructional film, participating in discussion group with an educational or therapeutic purpose (e.g. parent support group). If the group is primarily social or recreational code under (80). If it is primarily service or organizational, code as (70).

70. ORGANIZATIONAL ACTIVITIES

Includes meetings, social activities, meals, telephoning, going door-to-door, and work done for an organization while at home (e.g. addressing envelopes, telephoning) as part of any of the following types of organizations. Also includes waiting for events or activities to begin or waiting for people to leave. Code this when mother is member of organization or when she attends activity as a guest.

Volunteer, helping organizations: e.g. hospital volunteer group, United Way, Red Cross, Big Brother/Sister.

Religious Practice: Attending or participating in services of a church, synagogue, or other religious group, singing in choir (including rehearsal), leading youth group, going to funerals, Sunday school (code here, not under education).

Individual religious practice: religious practice carried out as an individual or in a small group, praying, meditating, Bible study group (not at church), visiting graves

Attending meetings and social activities of church or religious groups--e.g. ladies aid, circle, missionary society, Knights of Columbus.

Professional/union organizations: e.g., State Education Association; AFL-CIO; Teamsters, either as a member or a guest of a member (e.g. partner belongs and she attends a social function).

Child/youth/family organizations except where participation involves direct work with children. Code PTA, PTO, family organizations here.

[Do not code work with Boy/Girl Scouts; Little League; YMCA/YWCA, school or preschool volunteer. Code these under child care (10 or 16)]

Fraternal organizations, e.g., sorority, Chamber of Commerce.

Political party and civic participation: Citizens' groups, Young Democrats, Young Republicans, radical political groups, civic duties;

Special interest/identity organizations (including groups based on sex, race, national origin): e.g. NOW; NAACP; Polish-American Society; neighborhood, block organizations; CR groups; senior citizens; Weight Watchers.

80. ENTERTAINMENT/SOCIAL ACTIVITIES; ACTIVE LEISURE

Attending spectator or social events that are not part of participation in an organization. These are away from home. Includes waiting for events or for tickets Does not include watching these on television. That is coded under Quiet Leisure (90).

Attending sports events (as a nonparticipant), movies; theater, opera, concert, ballet; museums, art galleries, exhibitions, zoos; circus, fairs, rock concerts.

Attending a party at home or elsewhere; decorating for party; tour of a home (friends or otherwise); waiting for date. (Cooking for a party is coded under Household tasks 30.)

Socializing: socializing with adults other than Mother's own household members either at Mother's home or another home (includes visiting on the phone); talking/chatting in the context of receiving a visit or paying a visit.

At bar; cocktail lounge, nightclub; socializing or hoping to socialize at bar, lounge; dancing (Note that eating in a restaurant is coded under personal care (50 or 51).

"Active leisure" refers to leisure activities in which the mother's participation is an important element.

Lessons: in sports e.g., swimming, golf, tennis, skating, roller skating; in gymnastics, dance, judo, body movement; in music, singing, instruments; in arts and crafts, e.g. sewing, pottery. [If such lessons are a central part of mother's career interests or formal educational program, they should be coded under Education (50). e.g. if mother earns money teaching gymnastics, then her own lessons would be coded as education. If she is majoring in art in college, then lessons in painting would be considered education]

Recreational activities: e.g. fed birds, bird watching, swinging or playing in park, showing slides, pictures or sketches, recording music, going to a public place for recreation (e.g. visit to airport), arranging flowers, crafts (e.g. worked on model airplanes),

Participation in sports: practices for team or individual sports including football, basketball, baseball, volleyball, hockey, soccer, field hockey, tennis, squash, racquetball, paddleball, golf, miniature golf, swimming, water skiing, skiing, ice skating, sledding, roller skating, bowling, pool, ping-pong, pinball, frisbee, catch, exercises, yoga, judo, boxing, wrestling.

Outdoor activities including: hunting, fishing, boating, sailing, canoeing, camping, going to the beach, snowmobiling, dune-buggies, gliding, ballooning, flying, excursions, pleasure drives (no destination), rides with the family, picnicking, walking for pleasure, hiking, jogging, running, bicycling, motorcycling, horseback riding.

Hobbies: e.g., photography, working on cars for fun; working on or repairing leisure time equipment (e.g. cleaning the boat, "sorting out fishing tackle"), collections, scrapbooks, carpentry and woodworking (as a hobby)

Domestic Crafts: knitting, needlework, weaving, crocheting (including classes), crewel, embroidery, quilting, macrame, sewing for fun. If sewing or other activities are done primarily as household chore, then code under Household Activities (30).

Art and literature as hobbies: sculpture, painting, potting, drawing, writing literature, poetry, a diary.

Music/theater/dance: Playing a musical instrument, (including practicing), singing, acting (includes rehearsal for play), non-social dancing (ballet, modern dance, body movement)

Games: Playing card games (bridge, poker, solitaire), board games (e.g. Monopoly, Yahtzee.), Bingo, Dominoes, social games (e.g., scavenger hunts), puzzles, computer and video games.

Shopping for fun: If mother reports "shopping," try to establish whether it was considered a chore (errand) or leisure activity. Some people may consider shopping at the mall as a leisure activity, whereas other people may see it as a chore. Let Mother decide whether it should be coded (30) or (80).

90. QUIET LEISURE

Watching television (including watching videotapes).

Listening to the radio, listening to records and tapes, listening to others playing music (except at a concert).

Reading for pleasure or recreation (includes reading books, magazines, newspapers, pamphlets).

Phone conversations not coded elsewhere (e.g. with household members).

Conversations with adults in household (includes arguing and fighting)

Reading mail and writing letters

Relaxing, thinking, planning, reflecting

Miscellaneous: e.g. lying in sun, listening to birds, looking at pictures, waiting for a call, girl watching/boy watching, doing nothing; sitting around; teasing; joking around; messing around.

Try to get codable activities for the entire 24-hour period. However, if there are gaps that cannot be filled even after reasonable probing, code them here.

V. DEFINING START AND STOP TIMES

Total time for activities done on diary day must equal exactly 24 hours (1440 minutes). The diary begins at one minute after midnight and should end 24 hours later, on the following midnight. We are most interested in detailed information when mother is with target child, but you need to record what mother was doing even when baby is asleep or not with mother.

Times are rounded off to the nearest 5 minutes. If mother reports more precise times, round 3+ minutes to next highest 5-minute interval; round 0- 2 minutes to next lower interval. e.g., If she says she left the house at 8:33, record this as 8:35. If she says she picked up the child at 9:42, record 9:40.

Check to see that the "TIME ENDED" for each activity is the same as the "TIME BEGAN" for the next activity, e.g.:

Got dressed (50)	12:30-12:45
Washed dishes (30)	12:45-12:50

Gaps and Overlapping Times

If there are gaps or overlaps in mother's reports during the interview, probe to clarify the times. The following rules apply when there are discrepancies in times that cannot be or were not clarified in the interview.

When a gap of 10 minutes or less exists between the time an activity ended and the next activity began, allocate 1/2 of the time to the activity preceding the gap and 1/2 of the time to the activity following the gap.

Example:

Showered	7:10-7:25
Washed dishes	7:35-7:55

Edited:

Showered (50)	7:10-7:30
Washed dishes (30)	7:30-7:55

When a recording error results in an overlap in time periods, calculate the overlapping time period, and divide it equally between the two activities by subtracting 1/2 the overlapping time from the ending time of the 1st activity and adding the other 1/2 of the overlapping time to the beginning time of the 2nd activity.

Example:

Watched TV (90)	11:00-12:00
Eating with STUDY CHILD present (51)	11:40-12:15

Coded:

Watched TV (90)	11:00-11:50
Eating (51)	11:50-12:15

In this example, there is a 20 minute overlap which is divided equally into two 10 minute time segments. Ten minutes is then subtracted from the time spent "WATCHING TV" and converted into clock time. The other 10 minutes is subtracted from the time spent "EATING" and converted into clock time.

VI. LOCATION CODES - Column D1: Where were you?

Code this for every time interval.

1. Home, own yard or apartment house.
2. Workplace away from home, including travel to work.
3. Other away from home, e.g. someone else's home (outside or inside); "at neighbor's," public places, in transit.

VII. PEOPLE CODES -- COLUMN E1: Who Else Was There? and E2 and F2: Who Was Receiving Your Child Care

STUDY CHILD present?: Always code Yes or No.

STUDY CHILD present: STUDY CHILD is in the same room or in a vehicle with the Mother, or child is in a different room, but mother can see child. If they are outdoors, code STUDY CHILD present if child is within shouting distance of mother. If STUDY CHILD can be heard only through an auditory monitor or intercom, code as not present.

e.g. Mother says child was in a playpen in the living room and she was in the kitchen, but she could see the child, then child is considered present.

e.g. The parent may say the child was in its bed playing, and she checked on it every few minutes. If the mother reports entering the room where the child is more frequently than every 10 minutes just to check on child, code this as STUDY CHILD present for half the time, even if mother leaves between checks. If the mother checks on the child less frequently than every 10 minutes, and stays in the room less than 5 minutes, then code the child as not present.

STUDY CHILD awake?: Code Yes or No if STUDY CHILD present.

STUDY CHILD in same house as mother? Code Yes or No if STUDY CHILD not present.

People Codes

If STUDY CHILD is present and awake, code others present as follows. Code as many categories as apply, but obviously it will not matter whether more than one person in a category is present. e.g. if there are one or two siblings present, you code 1 once. If STUDY CHILD is not present or is asleep, do not code other people present even if Mother volunteers the information. It cannot be used.

1. Siblings (including step- and half-siblings) under age 18.
2. Other child(ren) under age 18 who are not sibling(s).
3. Mother's partner, husband; child's father.
4. Other adult(s) 18 and over.

Targets of Child Care

If Mother is performing child-related activity (10-18), code the child(ren) receiving her care or attention as:

0. STUDY CHILD
1. Sibling(s) (including step- and half-siblings) under age 18.
2. Other child(ren) under age 18 who are not sibling(s).

VIII. SECONDARY ACTIVITIES

You ask about secondary activities only when STUDY CHILD is present. If mother spontaneously reports secondary activities when STUDY CHILD is not present, do not record them. To do so would give an unsystematic record of secondary activities, and would require time for inquiry. The major purpose of deleting secondary activities when STUDY CHILD is not present is to save time in the interview.

An activity reported as secondary is coded as secondary unless it cannot possibly be done concurrently with the primary activity. (e.g., sleep)

If the secondary activity cannot be done at the same time as the primary activity, ask mother to divide time segment accordingly. e.g. if she says she was sleeping and nursing the baby from 4:00 to 6:00 a.m., say "About what time did you start nursing? About when did you stop?" Assign the clock times to each activity.

If mother cannot recall: divide the time between the primary activities (see rules earlier).

Multiple secondary activities. When there is more than one secondary activity reported for a time segment and probing cannot clarify:

1. Move the extra secondary activity into the next time segment.
2. Record the same primary activity for this next segment.
3. Divide the time equally between the two segments.

Example: (STUDY CHILD present)

A. What did you do?		F. Anything Else?
Ate dinner	5:00-6:00	Talked with first grade son, read paper

Coded:

Ate dinner (51)	5:00-5:30	Talked with children (15)
Ate dinner (51)	5:30-6:00	Read paper (90)

If Primary and Secondary Activity are Same Code

If the secondary activity, e.g. reading (90) falls in the same category as the primary activity, e.g., watching TV (90), code in both primary and secondary activity.

If a secondary activity just describes the primary activity in more detail, drop the secondary activity, e.g.:

A. What did you do?	F. Anything else?
Visited the neighbors	Looked at their flower bed

Off and On

If a secondary activity is reported as being done part of the time during a primary activity, probe regarding the frequency and duration of the activity. If activity occurred less than 5 minutes at a time and infrequently throughout the period, do not code. If it occurred for less than 5 minutes at a time but frequently throughout primary activity, code half of the time with the primary and half without.

Mother: "I was folding clothes, going in to check on the baby every so often, and watching TV from 10:30 to 11:30."

Example 1:

Caller: "How frequently do you think you checked on the baby during that hour?"

Mother: "Oh, about every ten minutes."

Called: "And how long do you think you spent in her room each time?"

Mother: "A couple of minutes."

Coded:

Folding clothes (30)	10:30-11:00	Checking on baby (13)
Folding clothes (30)	11:00-11:30	TV (90)

Example 2:

Caller: "How frequently do you think you checked on the baby during that hour?"

Mother: "Oh, about three times during that hour."

Caller: "And how long do you think you spent in her room each time?"

Mother: "I just checked in quickly."

Coded:

Folded clothes (30)	10:30-11:30	TV (90)

VI. STUDY CHILD ACTIVITY

Whenever STUDY CHILD is present and awake, and neither Mother's primary nor secondary activities involve the STUDY CHILD, ask what STUDY CHILD was doing. Mothers usually report whom the child was interacting with, if anyone. For our purposes, interacting is defined as any physical contact (holding, having child on lap, feeding, changing, tickling, patty-cake, non-verbal game of peek-a-boo) or verbal exchange. Therefore, the codes refer to the person or people with whom SC was interacting:

CODES:

0. Not interacting with anyone
1. Interacting with a sibling
2. Interacting with another child
3. Interacting with father/partner
4. Interacting with another adult
5. Interacting with Mother (not mentioned by Mother as primary or secondary activity).

e.g. Mother said she was going for a walk (80 -- primary), and talking to husband (90 -- secondary). When you asked what STUDY CHILD was doing, she said she was carrying child (5 -- SC activity). You do not change the primary or secondary activity to child-related activity in this case.

Note: These codes are the same as the PEOPLE codes above, with the exception that 0 in this case means STUDY CHILD engaged in solitary activity.